



**Independent Exercise Release and Waiver of Liability and Indemnity Form.**

I, \_\_\_\_\_ (Print name clearly), acknowledge that I take full responsibility for all activities in which I participate at Omni Physical Therapy LLC. I hereby acknowledge and agree that use of Omni Physical Therapy LLC facilities, services, equipment or premises involves risks of injury to persons and I assume full responsibility for such risks. I hereby release and hold Omni Physical Therapy LLC free from all liability for any loss or damage, and forever give up any claim or demands therefore, on account of injury to person or property, including injury leading to the death, whether caused by the active or passive negligence of Omni Physical Therapy LLC or otherwise, to the fullest extent permitted by law, while upon, or about Omni Physical Therapy LLC premises or using any Omni Physical Therapy LLC facilities, services or equipment. By signing below, I acknowledge that I have read and understand this Waiver of Liability.

Date : \_\_\_\_\_ Signature : \_\_\_\_\_

Witness : \_\_\_\_\_