



Informed Consent and Waiver & Release of Liability

I have agreed to participate in Physical Therapy and to retain the services of Prosper Physical Therapy, LLC and its employees, independent contractors and/or any future employees or independent contractors to receive services. I intend to assume all risk of injury from my participation.

To that end, I acknowledge and agree to all of the following:

1. The treatment may include but is not limited to one or more of the following: evaluation, manual therapy, joint mobilization and manipulation, soft tissue mobilization, therapeutic exercise, neuromuscular re-education, therapeutic activities, and modalities including but not limited to electrical stimulation and hot and cold packs. There are inherent risks involved in any evaluation and treatment program. It is not possible to guarantee or give assurance of a successful result. It is important that you understand and agree to the planned treatment. Physical Therapy is generally safe and helpful. However, medical procedures of any type involve the taking of risks, ranging from minor to serious. It is important to be aware of the following risks before you receive the treatment you and your health care provider are planning.
2. The possible benefits of this treatment include: decreasing pain, improving cardiovascular fitness, muscle strength, endurance, flexibility, improved body posture, movement and alignment. During treatment there exists a potential for numerous side effects including but not limited to muscle soreness or stiffness; numbness, tingling, or other paresthesias; muscle tears; bony fractures; paralysis; abnormal blood pressure, cerebrovascular accidents, fainting, disorders of heartbeat, and instances of heart attack and death. I assume all of the foregoing risks, and accept personal responsibility for any other damages or other injury I might suffer. I am satisfied with my understanding of the more common risks and complications of the evaluation and treatment.
3. I know I have the right to choose what treatment I do or do not receive in addition to withdrawing from any treatment at any time.
4. I understand that a physician's examination and approval should be obtained prior to participation in a health care program.
5. I recognize that my participation in the activity covered hereby is conditioned upon my signing and returning this waiver and release. I understand that I may show this INFORMED CONSENT and WAIVER & RELEASE OF LIABILITY to, and consult with, my own independent legal counsel before signing.

6. Prosper Physical Therapy and its employees, independent contractors and/or any future employees or independent contractors have not made any representation as to the nature and quality of the facilities or equipment to be used or as to any other matter related to my participation in the foregoing activity. I understand that the "RELEASEES" enumerated above or otherwise owe no duty or obligation to me.

7. I have read and understood this INFORMED CONSENT and WAIVER & RELEASE OF LIABILITY and it accurately sets forth my intentions and I agree to be bound by its provisions.

Signature: _____

Printed Name: _____

Date: _____