Waver of liability and Informed Consent for Physical Therapy and Pilates Private/Group Exercises

Physical therapy involves the use of many different forms of physical evaluation and treatment. Nexus Studio of Monterey, Inc utilize many treatment procedures including but not limited to: Manual therapy, Pilates based therapeutic exercises, Taping, Biomechanical video filming to try to improve your symptoms related to diseases, injuries and musculoskeletal /movement dysfunction. As the other medical procedures, there are benefits and risks with a specific treatment procedure, and the effect of the procedure can vary from person to person. Despite of our effort to improve your function, there is also a risk that your treatment may cause pain or injury, or may aggravate previously existing conditions. You have the right to ask your physical therapist or physical therapy assistant what types of treatment he or she is planning based on your history diagnosis, symptoms and testing results. You may also discuss with your therapist what the potential risks and benefits of a specific treatment might be. You have the right to decline any portion of your treatment at any time before or during your treatment session.

We utilize Pilates equipment and Pilates based exercises at Nexus Studio of Monterey, Inc. Exercises has inherent physical risks associated with it. The risks include but not limited to heat attacks, musculoskeletal injuries and any other illness. Client desires to undertake the Program with the full knowledge of the possibility that physical injuries could result from it and desires to assume the risk of any such injury. If you have any questions regarding the types of the exercises and risks that involved with the exercises, your instructors or therapists will answer the questions.

I fully understand the risks as a result of my participation in Physical Therapy or the Program at Nexus Studio of Monterey, Inc. I hereby release Nexus Studio from any liability, now or in the future, including but not limited to heart attacks, musculoskeletal injuries and any other illness, soreness or injury however caused, occurring during or after my participation in the exercise program. I hereby affirm that I have read and fully understand the above and that I am over eighteen years of age.

Today's Date:			
Client/patient's Signature:			
Client/patient's Name (print):	Relationship:		
Address:	City:	Zip:	

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