



Waiver of Liability

This is a legal instrument, if you do not fully understand it, please consult with an attorney before signing.

I have signed up for a rehabilitation program offered by **ORTHOMOTION INC.** I understand that participating in exercise & conditioning activities, like any physical conditioning activity presents some unavoidable risk of injury, especially to people who have preexisting injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries a risk of injury. I recognize that many changes may occur as a result of these exercise lessons, including possible short-term aggravation of some symptoms, feelings of tiredness, light-headedness, increased energy, mood changes, etc.

I understand that the instructions & advice presented are not a substitute for medical counseling.

I expressly assume all risks of my participation in the rehabilitation programs conducted at **ORTHOMOTION INC.**, & waive any claim which I might otherwise bring against **ORTHOMOTION INC.**, its officers, directors, shareholders, employees, trainees, & contractors as a result of injuries resulting from or relating to my participating in a rehabilitation program.

Name (Please Print): _____

Signature: _____

Signature (Parent/Guardian if under 18): _____

Date: ____/____/____