



balance
REHABILITATION AND
HEALTH SCIENCE, LLC

First Name:	Last Name:	Date: / /	
Address:	City:	State:	Zip:
Phone #:	Alt Phone #:	Date of Birth: / /	
Email Address:		Male	Female
In case of emergency notify:		Phone #:	

Balance Rehabilitation and Health Science User Agreement, Release & Waiver of Liability

I, _____ (print full name)

Understand and agree as follows:

1. I have medical approval by my doctor to participate in physical exercise activities of the type normally engaged in a voluntary health & fitness program. To the best of my knowledge, I am physically sound.
2. I understand the risk and danger to me and my property associated with exercise and my use of fitness equipment, and I do so voluntarily in reliance upon my own judgment and ability. I assume risk of personal injury, death, and property damage or loss from any cause whatsoever, including, but not limited to failure of anyone to enforce rules and regulations or inspect equipment or facilities, and negligence of other participants or staff.
3. I agree to refrain from using equipment that I determine to be defective or need maintenance or repair.
4. I understand that a risk of injury is present when engaging in exercise or utilizing the fitness equipment and I assume all responsibilities and risk of participation in this program.
5. In consideration of the acceptance of my exercise agreement, I the undersigned intended to be legally bound for myself, my heirs executors, and administrators and do hereby release any and all owners and employees of Balance Rehabilitation and Health Science and their representatives, successors and assigns, from any and all liability arising from injuries, including death, that I may suffer as a result of my usage of the fitness equipment at Balance Rehabilitation and Health Science.
6. My signature on this waiver is evidence I was informed by Balance Rehabilitation and Health Science, LLC that I should check with my doctor to see if the exercise equipment and instructions are suitable for my health and physical condition.
7. I HAVE CAREFULLY READ THIS AGREEMENT, RELEASE & WAIVER LIABILITY, AND I KNOW ITS CONTENTS. I HAVE VOLUNTARILY SIGNED AS MY OWN FREE ACT.

Signature: _____ Date: _____ 20____

Signature of parent/guardian _____ Date: _____ 20____



www.balance-rehab.com

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