



Integrative Physical Therapy, LLC

37 Soundview Road Suite 2

Guilford, CT 06437

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PARTICIPANT RELEASE

I understand that there are risks associated with the use of the office for Physical Therapy, Pilates and wellness classes. I am aware of these risks and agree that my participation in Physical Therapy and/or Wellness/Fitness classes is at my own risk. I hereby release Integrative Physical Therapy LLC, its employees and agents from any and all liability connected to my participation in the activities during the therapeutic programs at 37 Soundview Road Suite 2, Guilford,CT.

I fully understand the rules and regulations of the office and will abide by them completely, realizing that the Integrative Physical Therapy staff is here for the safety and well being of the patient. I agree to cooperate fully with any request the staff may make of me individually or as part of a group.

Date: _____

Name: (please print) _____

Signature: _____