



I, _____, understand the risks and benefits involved with physical therapy. I have also discussed and disclosed any and all medical information to Justin T. Dimitt, PT, DPT, OCS, CSCS and have no medical contraindications to aerobic and anaerobic exercise. This has also been cleared by my medical doctor.

I acknowledge that I am participating voluntarily and can terminate any and all sessions at any time. If I experience any pain or discomfort during exercise, I will immediately notify the supervising strength and conditioning specialist. These include but not limited to chest pain, shoulder pain, popping and clicking of any sort, dizziness, or shortness of breath. If I am not feeling well, sick, or otherwise different from my usual perception of my health, I will notify my strength and conditioning specialist immediately upon experiencing these sensations or alternations in my mental status prior to any participation in physical activity.

I will also disclose and present any medications that I am currently taking, or if there is a change in medication, I will present those as well. I will follow the proper dosing of my medication and exercise does not supersede any of the prescribing professionals' instructions.

If I am pregnant or believe that I am pregnant, I will notify the supervising strength and conditioning specialist immediately because the health and safety of my pregnancy is directly affected by exercise type and dosing.

I understand that I am about to undertake a very challenging physical and mental program that will benefit my immediate and long term health and well-being. I also know two of the most important concepts of this program is to understand why and what is being done, and to have fun performing the program as well.

If I have any questions at any time, whether it is before, during, or after the session, I will ask them without hesitation due to confidentiality. All questions and information is kept confidentially at all times and held to HIPAA regulation standards.

Print Name (Patient)

Signature (Patient)

Date

Print Name (Parent or Guardian if a minor)

Signature (Parent or Guardian if a minor)

Date

Print Name (Professional)

Signature (Professional)

Date