



Course:

Date:

Location:

Release of Liability for (Print Name): _____

I, the undersigned, am engaging the Institute of Physical Art, Inc. ("IPA") for the purpose of providing me with physical therapy, rehabilitative, and pain management instruction. I hereby release IPA, their owners, agents, employees and contractors from any responsibility, and I agree to hold them harmless from any and all liability, claims, damages, actions and causes of action whatsoever, for loss, damages, or injury to person or property, irrespective of how arising and however caused.

I further agree that any and all of my physical and medical conditions, limitations and sensitivities will not prevent my participation in this virtual webinar and hereby release and hold IPA, their owners, agents, employees, and contractors harmless from any liability, claims, damages, actions, causes of action whatsoever in any way relating to or arising from said conditions, limitations, or sensitivities. I expressly agree that all physical therapy, rehabilitative, and pain management instruction shall be undertaken at my own risk, and I represent that I am physically and medically able to undertake any and all physical therapy, rehabilitative, and pain management instruction provided, and the activities related thereto.

I understand and agree that this release and waiver of liability constitutes a complete waiver of my right to sue and collect damages from IPA regardless of whether IPA acted negligently.

This Release of Liability and all other aspects of my relationship with IPA, contractual or otherwise, are and shall be governed by the laws of the State of Colorado and Routt County, CO, and I consent to the jurisdiction of the State of Colorado and Routt County as the sole forum regarding this Release of Liability, if any portion of this Release of Liability is found by a court or other appropriate authority to be invalid, then the remainder of the Release of Liability shall remain in full force and effect.

I recognize that IPA's services are not essential services, and that I could obtain similar services elsewhere.

I represent that no special relationship exists between IPA and me, and that I am under no physical, economical or other compulsion to sign this Release of Liability. I acknowledge that the instruction that I will receive from IPA is sufficient consideration for signing this Release of Liability.

I understand and agree that this release of liability will allow IPA to avoid liability for any failure on their part to use reasonable care in any way. I recognize and understand that this is a release of all current and prospective claims, and I have read this release of liability before signing it.

Practice Act: I agree to utilize all skills of evaluation, assessment and treatment learned in this course to the extent allowed under the regulations of my professional practice act. I acknowledge that my attendance does not represent authorization by the IPA, or any of its officers, to utilize any of the material learned which may lie outside of the strict interpretation of my practice act.

Course Evaluation & CEUs: By signing you agree and understand that to receive CEUs you must complete and submit a course evaluation within 2 weeks of the course.

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Signature _____

Date _____