

Vector Physical Therapy

2121 Myrtle Avenue
Eureka, CA 95501
Tel - 707.442.6463



Vector Aquatic Center

3289 Edgewood Drive
Eureka, CA 95501
Tel - 707.441.9262

PARTICIPANT INTAKE FORM WAIVER

NAME: _____

EMAIL: _____

ADDRESS: _____

PHONE#: _____

How did you hear about us? _____

EMERGENCY CONTACT & PHONE #: _____

SOCIAL HISTORY:

Living Situation: Home Apartment Retirement Center Nursing Home
Lives With: Alone Spouse Friend Paid Attendant Other _____

MEDICAL HISTORY:

Do you have any of the following conditions? Osteopenia / Osteoporosis Diabetes
 Cardiovascular Seizures Arthritis Joint Replacements _____

PHYSICIAN & PHONE#: _____

Are there any special concerns or precautions regarding exercise we should know about?

THIS FORM IS AN IMPORTANT LEGAL DOCUMENT. IT EXPLAINS THE RISKS YOU ARE ASSUMING BY BEGINNING AN EXERCISE PROGRAM. IT IS CRITICAL YOU READ AND UNDERSTAND THIS FORM COMPLETELY BEFORE SIGNING.

WAIVER & COVENANT NOT TO SUE

I, _____, have volunteered to participate in a program of physical water exercise under the direction of Vector Rehabilitation. In consideration, Vector agrees to instruct, assist, and train me. I do here and forever release and discharge and hereby hold harmless Vector, and their respective agents, heirs, assigns, contractors and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting therefrom.

ASSUMPTION OF RISK

I, _____, recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure, fainting, disorders in heartbeat, heart attack and, in rare instances, death. I understand that as a result of my participation in an exercise program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a social life.

I recognize that an examination by a physician should be obtained prior to involvement in any exercise program. If I, _____, have chosen not to obtain a physician's permission prior to beginning this exercise program with Vector, I hereby agree that I am doing so at my own risk.

In any event, I acknowledge and agree that I assume the risk associated with any and all activities and/or exercises in which I participate.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

Participant Signature

Date