

**PHYSICAL THERAPY PATIENT RELEASE AND WAIVER**

I, the undersigned physical therapy patient of Oasis Physical Therapy, PLLC (“OPT”), hereby acknowledge and agree that I am solely responsible for any and all health and injury risks associated with my use of Lifequest Fitness Center located at 4215 W Convention Place, Pasco, WA, as part of my physical therapy program that will be exclusively directed, supervised, and monitored by OPT.

I further acknowledge and agree that such use of the gyms equipment and facilities could cause or result in serious injury to me. In consideration of my ability to gain access to the Gym and use of its equipment and facilities as part of my physical therapy program with OPT, I hereby freely and unconditionally assume any and all risks of personal injury, death, property loss, or other damages which may result from or arise out of such use. Such risks shall include, without limitation, any and all risks associated with cardio and weight lifting, general exercise, locker rooms, children’s nursery, parking, environmental, theft, and contagion, as well as any and all risks relating to personal injuries, property loss, and other damages connected to or arising out of any of the aforesaid risks.

I, on behalf of myself and by heirs, successors, assigns, and legal representatives, fully and forever release and discharge the Gym from any and all claims, damages, demands, rights of action, or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of my use of the gym and its equipment and facilities as part of my physical therapy program with OPT, including those which may arise from the gym’s negligence. I further fully and forever release and discharge the gym from any and all liability for any loss of or damage to personal property, including without limitation, automobiles and the contents of lockers. I understand and agree that the above release and waiver of liability provisions are intended to and shall apply for the full benefit of Lifequest Health Systems, LLC, and it’s principal owners, members, officers, directors, employees, agents, and affiliates entities, as well as their respective heirs, assigns, and legal representatives.

Witnessed and Accepted By: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Physical Therapy Patient**  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_