



# ***Momentum PT<sup>2</sup>***

## **Physical Therapy and Performance Training**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Primary Sport / Recreational Activity:** \_\_\_\_\_ **Position (if applicable):** \_\_\_\_\_

### **MEDICAL HISTORY AND GOALS**

**Please list and explain any injuries, surgeries and physical limitations:** \_\_\_\_\_

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**Please list and explain and diseases/illnesses and current medications:** \_\_\_\_\_

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**Please list and explain your primary fitness goals and expectations with training:** \_\_\_\_\_

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## **Physical Therapy and Performance Training**

### **Performance Training & Fitness Liability Waiver / Informed Consent Form**

"I \_\_\_\_\_, have enrolled in the personalized performance training and fitness program offered through Momentum Physical Therapy and Performance Training. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength, power and endurance training, cardiovascular conditioning and training, and various other performance training activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition that would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation is purely voluntary and is in no way mandated by Momentum Physical Therapy and Performance Training."


"In consideration of my participation in this program, I, \_\_\_\_\_, hereby release Momentum Physical Therapy and Performance Training and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment."

"I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I, \_\_\_\_\_, hereby release Momentum Physical Therapy and Performance Training and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries, to foot, or any other illness or soreness that I may incur, including death."

**I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.**

\_\_\_\_\_ (Participant or Legal Guardian of Minor Signature)

\_\_\_\_\_ (Date)



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## **Physical Therapy and Performance Training**

### **Video / Picture Release Form**

To share what we do at Momentum Physical Therapy and Performance Training, we would like to post videos and/or pictures to our website of our patients and clients. The following form will give us permission to do so. Thank you for your cooperation.

I \_\_\_\_\_ hereby give Momentum Physical Therapy and Performance Training permission to use, and make public, any videos and pictures taken of me from the clinic. I understand that the videos and pictures will be displayed for the public to view.

\_\_\_\_\_  
(Participant or legal guardian of minor signature)

\_\_\_\_\_  
(Date)