**Osher Lifelong Learning Institute**

**Renue Physical Therapy Balance Classes, 4 Week Sessions**

**RELEASE OF LIABILITY**

To Renue Physical Therapy (“RPT”), its medical staff, departmental staff and administrative staff or anyone having anything to do with my attendance, participation, instruction or care relating to the RPT Balance Classes:

I hereby release all Physicians, RPT, and all RPT clinicians, physical therapists, assistant physical therapists and all staff from liability for any injury, ailment or damages that may be caused or occasioned, in whole or in part, as a result of my participation in RPT’s Balance Classes. I further agree that this Release shall be binding on my heirs, executors, and assigns.

I understand it is my responsibility to consult with my Physician for medical advice prior to and after participating in RPT’s Balance Class(es).

I understand that my participation is voluntary, and participation involves inherent risks, including risk of physical injury or pain, and I agree to assume all risks relating to my participation in the class.

I have carefully read and fully understand this Release. I understand the risks of participating in the RPT Balance Class and am freely and knowingly entering into this release.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_