

Core Stability & Physical Training

Darcy J. Higgins, PT – PLLC

Participant Consent and Release Form

I hereby release from all claims and liabilities the physical therapist(s) and staff involved in the development and implementation of this program and associated activities. I understand that this is not a substitute for medical or physical examination. I understand that I participate in this program at my own risk. I affirm that I have disclosed all information that is material to my participation. I have read this release form and understand its contents.

Date: _____

Address: _____

Phone: _____

Email address: _____

Printed Name: _____

Signature: _____