



**RELEASE FOR PREVENTATIVE SERVICES**

(Virginia)

I understand that licensed physical therapists (the “**Therapists**”) employed by Perfect 10.0 Physical Therapy, PLC or one or more of its affiliates (collectively, “**Perfect 10.0 PT**”) are onsite at today’s event ready to assist me or the individual on whose behalf I legally sign this document (as applicable, the “**Participant**”) with Preventative Services in connection with the event, all at no cost to the Participant.

I understand that for purposes of this document “Preventative Services” means services provided by a physical therapist for the purposes of (1) wellness, fitness, health screenings, health promotion and education, and/or (2) prevention of impairments, functional limitations and disabilities.

I understand that Preventative Services might include assistance with evaluations and stretching prior to the event, evaluations of any physical problems encountered during or after the event, and recommendations for further assessment by the Participant’s physician; however, such Preventative Services will not include the administration or performance of any physical therapy treatment. I hereby authorize Perfect 10.0 Physical Therapy, PLC to provide Preventative Services to the Participant in connection with today’s event.

For good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, I, for myself, for the Participant (if not me), and for each of our respective heirs, beneficiaries and successors-in-interest, and for anyone else claiming by, through or under any of the foregoing (each a “**Releasor**” and collectively the “**Releasors**”), hereby: (i) release, discharge, indemnify and hold harmless the Therapists and PT Solutions, and each of their respective members, managers, officers, employees, agents, volunteers and legal representatives (collectively the “**Releasees**”), from any and all claims, causes of action, losses, damages, liabilities, costs and expenses (including without limitation reasonable attorneys’ fees) of any nature whatsoever (collectively, the “**Claims**”), which any of the Releasors may have ever had or claimed to have, may now have or claim to have, or may hereafter have or claim to have, with or against the Releasees, or any of them, arising from, connected with, resulting from or related to the provision of Preventative Services to the Participant in connection with today’s event; and (ii) agree not to commence or prosecute (or to permit the Participant to commence or prosecute) any such Claims against any of the Releasees by way of a lawsuit, action or other proceeding, or otherwise attempt to collect or enforce (or to permit the Participant to otherwise attempt to collect or enforce) any such Claims from or against any of the Releasees.

I acknowledge that I have read this form completely and understand its provisions. If I am the Participant, I acknowledge that I have reached the age of majority, that I am of sound mind, that my judgment is not impaired and that I am signing this document freely; if I am not the Participant, I acknowledge that I am the parent or legal guardian of the Participant, that I am of sound mind, that my judgment is not impaired, that I am signing this document freely and that I am authorized to sign this document on behalf of such individual.

\_\_\_\_\_  
Signature of Participant (if signing)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Participant (First & Last)

\_\_\_\_\_  
Participant Zip Code

\_\_\_\_\_  
Phone Number

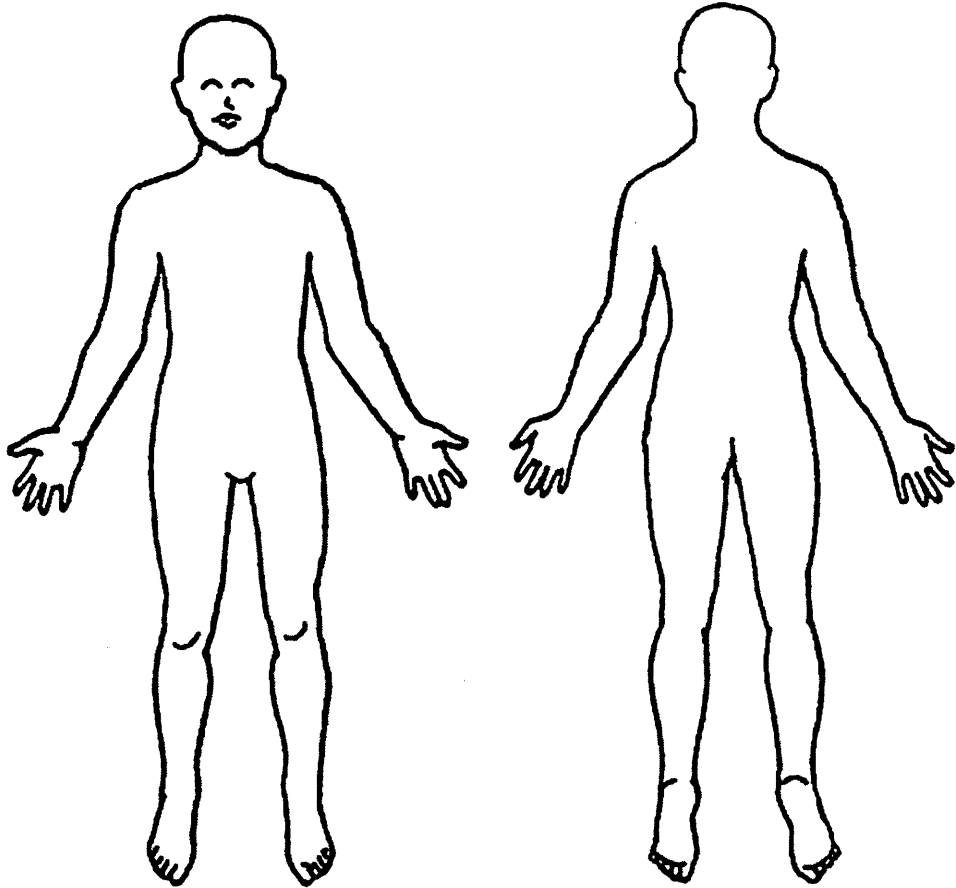
\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature of Parent or Legal Guardian (if signing)

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Print Name of Signer & Relationship to Participant

Performance Notes

Screened by: \_\_\_\_\_



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