



**Telehealth Liability Waiver**

I represent and attest that I am in good health and additionally, that I am not currently under medical care for any condition that may prevent me from receiving therapy services from Pace West Physical Therapy.

By signing below I hereby acknowledge that I consent to treatment with employees from Pace West Physical Therapy

I expressly agree and understand that all activities associated with any therapy services that are provided to me shall be done so at my own risk. Pace West Physical Therapy, its owners, agents, and employees shall not be liable for any claims, demands, injuries', damages, actions or causes of action made by any person due to injury to any person or damage to any property resulting from my participation in the activities associated with the therapy services that are provided to me by Pace West Physical Therapy.

I hereby release, discharge and hold harmless, Pace West Physical Therapy, its owners, agents, and employees from any claims, demands, actions or causes of action made by any person due to injury to any person or damage to any property resulting from my participation in the activities associated with the therapy services that are provided to me by Pace West Physical Therapy.

---

Client/Participant Signature      Date

I am the parent or legal guardian of \_\_\_\_\_ and am registering my child/ward to participate in therapy services provided by Pace West Physical Therapy. I have reviewed this Agreement and am voluntarily signing it on behalf of my child/ward in my capacity as parent or legal guardian. By signing below, I am agreeing on behalf of my child/ward to be bound along with my child/ward by all terms and conditions of this Agreement as set forth above.

---

Parent/Guardian Signature      Date