



F.I.T
Beyond Therapy

Consent to Wellness Exercise Program
461 West Lincoln St., Tullahoma, TN 37388

Name (print):		Date of Birth:	
Phone Number:		Male	Female
Address:			
City:	State:	Zip:	
Primary Care Physician (name and city):			

I consent to the following services being performed/provided today, if I choose to participate in any or all of the services offered:

- Functional Screening
- Injury Prevention Screening
- Technique Screening

I acknowledge that I am voluntarily participating in a wellness program herein request and consent to a screening with subsequent training. I understand that the information derived from my participation is not a health examination. I understand that this is not a Physical Therapy or Health care facility. I certify that all of the information I have provided, or will provide, as part of said participation, is true, correct, and complete to the best of my knowledge. I understand that the facility and the individuals providing services undertake no obligation to follow-up or provide continuous service to me. I understand and accept the responsibility to follow up with my physician if any issue not provided during screening arises. I understand that it is my responsibility to alert the staff of any condition that may impede or affect my ability to participate in this wellness program. I agree for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless F.I.T Beyond Therapy and their affiliates, officers, managers, directors, volunteers, and employees from any liability, claims, demands, and causes of action whatsoever, arising out of my participation, whether it results from the negligence of any of the above or from any other cause. This release and indemnification shall be as broad and inclusive as is permitted by the state of Tennessee.

Participant's Signature

Date

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Tullahoma, TN. 37388