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## POST REHAB FITNESS

*GENERAL LIABILITY RELEASE  
AND WAIVER OF CLAIMS*

I, \_\_\_\_\_, wish to willingly participate in the Post Rehab Program at the Baldwin Bone & Joint P. C. Physical Therapy Department. I have been released by my physician and have no medical condition which would prevent me from participating in the program.

I personally assume all risks and hazards attendant to the use of the facilities or the equipment. In consideration of my participation, I hereby agree to release, absolve, indemnify and hold harmless Baldwin Bone & Joint P. C., its staff, employees, volunteers, supervisors and any other representatives (collectively the “Released Parties”).

I hereby waive all claims against the Released Parties for any injury, including death, loss due to theft or damage to my personal property, or for any other consequential damages caused in any manner whatsoever where any such Liability is attributable to the absence of ordinary care. I agree to save and hold harmless the Released Parties from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs, or assigns, arising from the above.

**I have read this General Liability Release and Waiver of Claims. I understand the terms of this document, understand that I am waiving my right to claims against the Released Parties, and sign it freely and voluntarily.**

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**