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(808) 373-3555 (Central Appointments)
(808) 373-3666

No Charge Consultation

CLIENT CONTACT INFORMATION

Name:		Date of Birth:	
Address:		Primary phone:	
City:	State:	Zip:	E-mail:

The reason for requesting a consultation: _____

WAIVER, RELEASE, AND ASSUMPTION OF RISK FORM

This form is an important legal document. It explains the risks you are assuming by receiving evaluation, hands on treatment or exercise instruction. It is critical that you read and understand it completely, after you have done so, please sign in the spaces provided at the bottom.

CONSENT FOR TREATMENT / INSTRUCTION & RELEASE OF LIABILITY

I consent to have OrthoSport Hawaii, LLC (OSPT) and/or its affiliates to provide evaluation, hands on treatment, exercise instruction in person or via telehealth video conference. I understand this consent may be revoked by me at any time.

I understand that services offered today are not a substitute for medical care, and that any information provided by the therapist or trainer is for educational purposes. I understand that the physical therapist / trainer does not diagnose illness, disease or any other physical or mental disorder outside of their scope of practice. The physical therapist / trainer does not prescribe medical treatment or pharmaceuticals. It has been made very clear that hands on evaluation, treatment, and exercise instruction are not substitutes for medical examination or diagnosis and that it is recommended that I see a primary health care provider for any physical complaint that I may have.

I will inform the physical therapist / trainer of any known health condition that I have, whether diagnosed by a medical professional, or self-assessed.

I will inform the physical therapist / trainer of any medications or other treatments administered to me by myself or by a healthcare professional.

By signing this release, I hereby consent to waive and release OrthoSport Hawaii LLC, and any other business with which they are affiliated, from any and all liability past, present, and future relating to hands on treatment and / or exercise instruction.

This waiver and release of liability includes, without limitation, injuries which may occur as a result of:

- (1) Equipment that may malfunction or break while in use
- (2) Any slip, fall, dropping of equipment
- (3) Any injury due to participant negligence in following instruction or supervision

By signing below I am indicating that I have read and consent to the assumption of risk and release of liability as well as the practices adopted by OrthoSport Hawaii LLC.

Printed Name of Participant (Parent or guardian if under 18)

Relationship to participant

Date

Signature of Participant (Parent or guardian if under 18)

By typing your name in the "Participant Signature" space, you agree to the terms indicated on this form.

Case Notes: