



Please read this form carefully and be aware that in registering for and participating in programs and/or activities presented by Illinois Bone and Joint Institute, LLC Physical Therapy ("IBJI"), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities connected with and associated with said programs and/or activities.

Waiver & Release of All Claims & Assumption of Risk: In consideration of my being permitted to participate in activities as outlined and described below, the sufficiency which is hereby acknowledged, I hereby agree as follows:

To the fullest extent permitted by law, I hereby consent and agree to assume all responsibility for any and all risks of damage or injury that may occur as a result of my participation in the "Activities" or about the fitness facility from my use or intended use of said fitness facility, equipment, and by instruction of ILLINOIS BONE AND JOINT INSTITUTE, LLC, and that I participate in these activities and instruction at my own risk.

To the fullest extent permitted by law, I hereby fully and forever release and discharge ILLINOIS BONE AND JOINT INSTITUTE, LLC and all associated entities, including, but not limited to, Illinois Bone and Joint Institute Rehabilitation Services, its physicians, employees, agents, directors and officers from any and all liability, claims, demands, damages, rights of action, present or future, whether the same to be known or unknown, anticipated or unanticipated, which I may accrue to myself, my heirs or personal representatives for any damage or personal injury (including death) or illness which I may receive either in, or about the fitness facility, equipment, or by instruction of the ILLINOIS BONE AND JOINT INSTITUTE, LLC I acknowledge that I will be personally responsible for all medical and related costs, expenses and damages for me.

I do hereby certify that I have no physical defects which would affect or deter me and my ability to participate in any and all activities connected with and associated with said program/activities.

Physician Approval: ILLINOIS BONE AND JOINT INSTITUTE, LLC is committed to conducting its programs and activities in a safe manner and holds the safety of participants in high regard. ILLINOIS BONE AND JOINT INSTITUTE, LLC continually strives to reduce risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants registering for this program /activity must recognize that there is an inherent risk of injury when choosing to participate in **all** physical activities. You are solely responsible for determining if you are physically fit and or skilled for the activities contemplated by this agreement. It is always advisable especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

ILLINOIS BONE AND JOINT INSTITUTE, LLC reserves the right to require physician approval prior to physical activity based on health history and risk factors.

Photo & Video Policy: I acknowledge and agree that I, as a participant in an ILLINOIS BONE AND JOINT INSTITUTE, LLC program or activity, may be photographed for purposes of **diagnostic testing, participant movement re-education, and am not limited to** publication in ILLINOIS BONE AND JOINT INSTITUTE, LLC's newsletters, brochures, media stories, web site or other promotional materials.

Activities:

- a. Knee Prevention Program

IBJI employs the "Cincinnati **Sports Medicine** Jump and Land" program **as a baseline** to evaluate risk factors associated with, and known to be contributors to, ACL injuries in various sports.

Print Name of Registrant:	
Agreed & Signed: (Guardian if under 18 years of age)	
Date:	