



Goodman Performance Therapy LLC 6797 N High St. Suite 305 2770 W Dublin Granville Rd
p. 937.524.6272 f. 888.974.3290 Worthington, OH 43085 Columbus, OH 43235

Waiver and Release of Liability

In consideration of the risk of injury while participating in the Goodman Performance Therapy, LLC evaluation/treatment (the “Activity”), and as consideration for the right to participate in the Activity, I hereby knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Goodman Performance Therapy LLC and their affiliates, for any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity. I am aware of the risks associated with participating in this activity, which may include, but not limited to physical or psychological injury, pain, illness, infection, paresthesias, joint stiffness, pneumothorax, nerve injury, or death. **I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS’ NEGLIGENCE OR CONDITIONS OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.**

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS “WAIVER AND RELEASE” AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY.

I agree to indemnify and hold harmless and voluntarily give up or waive any right that I otherwise have to bring a legal action against Goodman Performance Therapy, LLC. including any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney’s fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Goodman Performance Therapy, LLC incurs any of these types of expenses, I agree to reimburse Goodman Performance Therapy, LLC.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Goodman Performance Therapy, LLC, its agents, and employees. In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. In the event that any damage to equipment or facilities occurs as a result of my or my guests actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

PARTICIPANT SIGNATURE
OR PARENT/GUARDIAN IF PARTICIPANT
IS A MINOR

PRINTED NAME

DATE SIGNED



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TECHNOLOGY RELEASE

You may refuse to sign this part of the release

I hereby agree to allow Goodman Performance Therapy, LLC to use pictures/videos of me (or my child/ward if participant is a minor) in correspondence, marketing material and on all Goodman Performance Therapy, LLC websites/publications and/or print materials to promote the services of Goodman Performance Therapy, LLC. I understand that my full name (or that of my child/ward if participant is a minor) will never be used without specific permission outside this waiver.

PARTICIPANT SIGNATURE
OR PARENT/GUARDIAN IF PARTICIPANT
IS A MINOR

PRINTED NAME

DATE SIGNED