

STAR CARE, Inc.
WAIVER OF LIABILITY AND OR CONSENT FORM

I, as patient, have enrolled in a physical therapy program which may include but not limited to aerobic dance, weight training, stationary bicycling and the use of various aerobic-conditioning and or weight training machinery offered by client or STAR CARE, Inc.

In consideration of my participation in STAR CARE Inc.'s rehabilitation program, I, release for myself, my heirs and assigns, hereby release STAR CARE, Inc. (its employees, owners and LM), from any claims, demands and causes of action arising from my participation in the rehabilitation program.

I fully understand that I may injure myself as a result of my participation in STAR CARE's exercise program and I, _____, hereby release STAR CARE, Inc. from any liability or injury now or in the future including but not limited to heart attacks, muscle strains, pulls or tears, broken toes, shin splints, heat prostration, knee/lower back/foot injuries and any other illness, soreness or injury however caused, occurring during or after my participation in the rehabilitation program.

Signature of Patient

Date

If applicable, we the parents of _____ sign this release on the behalf of above listed minor and agree that the terms of this release shall bind ourselves, and the minor fully as if the minor were an adult.

Parent's Signature

Date

I hereby affirm that I have read and fully understand the above.

Signature