



## Physical Therapy and Occupational Therapy

### ADULT RELEASE OF LIABILITY

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### **Release of Liability:**

I, \_\_\_\_\_, shall indemnify and hold harmless, New Day Wellness, LLC, its agents, servants, employees, officers, and directors from any and all liability for accidents, personal injury, or illness, arising or alleged to have arisen out of my participation in any/all activities during the shadowing experience.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date