



## LIABILITY WAIVER

I, \_\_\_\_\_ (print name), understand that in order to be allowed to receive care and information on health and fitness provided by TruMove Priority Care and to use their facilities, I agree to the following terms:

- 1. Voluntary Participation:** I understand and confirm that my use of TruMove Priority Care's services and facility is voluntary.
- 2. Inspection of Facility Equipment:** If I observe anything unsafe or any unusual significant hazards during my participation in TruMove Priority Care's services, I will immediately notify my provider or management.
- 3. Identification of Risks:** I understand that each provider will take every precaution to ensure that each client is protected from any potentially hazardous situations. I recognize that TruMove Priority Care's services and equipment may require physical exertion, which may be strenuous and could cause physical injury. I am fully aware of the risks and hazards involved including, but not limited to, equipment malfunction, slips, falls, dropping of equipment, injury due to patient negligence in following instruction, aggravation to any preexisting conditions, bodily injury, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability.
- 4. Assumption of Risk:** I am physically and psychologically ready to use TruMove Priority Care's facility and assume all risks connected with my use of TruMove Priority Care's facility and services. I accept personal responsibility for any liability, injury, loss or damage in any way affiliated with TruMove Priority Care.
- 5. Waiver and Release:** I voluntarily and expressly waive any claim I may have against TruMove Priority Care and its employees for injury or damages that I may sustain as a result of participating in any services. I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify TruMove Priority Care and their representatives and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of service or otherwise which may arise out of my use of any equipment or participation in these activities. I understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for negligence or other conduct by representatives or employees of TruMove Priority Care.
- 6. Financial Responsibility and Medical Awareness:** I understand I will be participating in voluntary services and I am obligated to **ensure payment in full at the time of service**. If I am delinquent for paying my balance, I understand that TruMove may deny future services provided until payment is collected. I will also be responsible for the collections fee of \$50 for delinquent payment beyond 90 days.
- 7. Medical Treatment Comfort:** Because of the nature of services provided, my privacy, modesty and dignity will be considered at all times by the staff. I will always communicate accordingly with my provider. Should I ever feel uncomfortable or embarrassed, I may refuse the procedure and alternate options will be suggested and/or provided.



**LIABILITY WAIVER (cont.)**

8. **Consent for Patients Who are Minors:** I am the legal guardian of the patient. I authorize him/her to receive TruMove Priority Care services and give my consent for the patient to attend TruMove Priority Care appointments independently.

9. **Billing & Medical Documentation:** I understand that TruMove Priority Care is not a network provider with any insurance companies. **Therefore, we will not bill insurance for services provided. Clinical notes, billing codes, and otherwise insurance-mandated documents will NOT be kept or provided under this arrangement.** I understand I am waiving my right to medical documentation under this arrangement.

10. **Summary:** I authorize TruMove Priority Care providers to perform the appropriate respective services for the care, injuries or ailments for which I sought their services. I certify that I have read the above agreement of release, waiver, liability and consent for treatment and services, that any questions I had about its content have been answered to my full satisfaction, and that I freely give my informed consent to performance of TruMove Priority Care's services.

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Patient/Guardian Signature

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Date

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Printed Name