

**BEACON**  
Orthopaedics & Sports Medicine  
Golf Program Release Form



Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Referring Physician/ PT/ATC: \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY, UNDER THIS AGREEMENT YOU ARE RELINQUISHING CERTAIN RIGHTS AND ACCEPTING CERTAIN OBLIGATIONS.**

**RELEASE OF LIABILITY, INDEMNITY, AND ASSUMPTION OF RISK**

You have agreed to participate in Beacon's Golf Rehabilitation & Performance program hosted at Beacon's Summit Woods Physical Therapy, developed for functional assessment, movement and strengthening of the body. By signing below, you acknowledge and agree to the following: You represent that you are physically fit to participate in the Session and that, prior to participation in the session, you have consulted a physician regarding any limitations or medical risks that you may have in relation to the session and certified that you are free from any such limitations and medical risks. You further understand and agree that the sessions involve physical exertions and strenuous physical activity by you, which entails certain risks and serious bodily injury and/or death may occur. For example, physical contact with other participants, equipment or surfaces may occur during the sessions. With full knowledge of the risks of serious bodily injury and death, you voluntarily choose to participate in the Sessions and (i) hereby forever release, covenant not to sue, discharge and waive all liability of Beacon Physical Therapy, BEST, its employees, executives, agents, affiliates, owners, subsidiaries, partners, sponsors, owners and lessees of the premises, consultants, volunteers and contractors (The "Releasees") for any bodily injury of any kind, property damage, or death, suffered by you as a result of your participation in the Sessions, regardless of whether such bodily injury or death was due to negligence of any kind commended by a physical therapist or any of the Releasees or otherwise, (ii) agree to indemnify and hold harmless Beacon Physical Therapy and the Releasees from any loss, liability or cost they may incur arising out of or related to your participation in the Sessions, and (iii) assume full responsibility for any bodily injury, death or property damage, arising out of or related to your participation in the Sessions. Notwithstanding your agreement not to sue Beacon Physical Therapy and the Releasees, you agree that any legal proceedings of any kind, including those related to the enforceability of this waiver, shall take place in Hamilton County, Ohio, and shall be considered solely under the laws of the State of Ohio (without regard to principles of conflicts of law). **You certify that you have read the forgoing and understand that by signing below, are giving up certain legal rights and remedies and intend that your signature be a complete and unconditional release of all liability of Beacon Physical Therapy and the Releasees to the greatest extent permitted by law.**

**AGREED AND ACCEPTED:**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Signature (if under age 18): \_\_\_\_\_

Parent or Guardian's Name (if under age 18): \_\_\_\_\_

Parent or Guardian's Phone Number (if under age 18): \_\_\_\_\_