



Physical Therapy

Release of Liability and Consent for Bicycle Fitting

I hereby consent to having a Real Rehab Physical Therapist perform a bicycle fitting which may include a wide array of testing of neuromusculoskeletal structures and functions. I have divulged all necessary personal health information to the therapist in order to minimize any risks. I am aware that any physical activity carries some degree of risk for injury.

By signing below I release Real Rehab, PLLC and its therapists from any liability resulting from the injury screening and/or the exercises and techniques used or recommended during this screening.

Signature: _____ Date: _____

Print name: _____ Date: _____

Parent/Guardian: _____ Date: _____