



Rehab Explorer Program
CONSENT AND LIABILITY WAIVER

Consent: I, the signed Participant or parent/guardian of Participant, do hereby give full consent and approval to participate in the Rehab Explorer Program at Orthollinois.

Waiver: I hereby waive, release, and discharge any and all rights and claims against Orthollinois and staff for damages for personal injury, or personal property, which may have or which may hereafter occur as a result of participation in the Rehab Explorer Program at Orthollinois. This waiver is intended to discharge in advance Orthollinois from any and all liability arising out of or in connection with any part of the entities of Orthollinois.

I agree to indemnify and to hold free and harmless Orthollinois from any loss, liability, damage, cost, or expense for personal injury, or property damage which may incur as a result of participation in the Rehab Explorer Program at Orthollinois.

I acknowledge that I have read and that I understand the above provisions in this consent and waiver of liability, and agree to abide by them and sign of my own free will.

Participant Name (printed): _____

Participant Signature: _____

Date: ____ / ____ / ____

To be completed if the applicant is under 18:

I certify that I am the parent or guardian of the applicant who signed above, and that I have read and agree to all of the above.

Parent/Legal Guardian Name (Printed): _____

Parent / Legal Guardian Signature: _____
(if participant is under 18)

Date: ____ / ____ / ____

Email Address: _____

Phone Number: _____