

CLINICAL AFFILIATION PROGRAM

WAIVER OF LIABILITY

IN CONSIDERATION of my participation in the COMMUNITY PHYSICAL THERAPY & ASSOCIATES LTD. Clinical Affiliation program I _____, do hereby agree to save and hold harmless, COMMUNITY PHYSICAL THERAPY & ASSOCIATES, LTD. and the Clinical Educator involved and assume the risk for myself and anyone claiming through me for any liability whatsoever associated with any loss or injury resulting from riding in a COMMUNITY PHYSICAL THERAPY & ASSOCIATES, LTD. employee/Clinical Educator's vehicle regardless of who is at fault, including negligence. I am aware of the fact that I have the responsibility of getting to the various teaching sites using my own vehicle and that any traveling in the Clinical Educator's vehicle is at my request.

Dated this _____.

Clinical Affiliation Program Student

Signature

Please Print

Name

Address
