

Dave Reed's Kinetic Symmetry, Inc.



Muscle Activation Techniques Informed Consent Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

How did you hear about MAT? _____

Phone Number(s): _____

Medications & Dosage: _____

History of injuries: _____

Present complaint: _____

Check if you currently have or have experienced any of the following conditions:

- | | | | |
|---|-------------------------------------|---|---|
| <input type="checkbox"/> Ruptured Disc(s) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Nerve Impingement | <input type="checkbox"/> Loss of Bodily Functions |
| <input type="checkbox"/> Bulging Disc(s) | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Numbness in Extremities |

Muscle Activation Techniques (MAT) is a bodywork technique using a systematic approach to identify and treat muscular imbalances that relate to injury and pain. The focus of the evaluation procedure is based upon the understanding that the body will protect itself when it recognizes instability. Therefore, muscles will tighten up as a protective measure when instability is recognized. MAT addresses the component of muscle weakness as a cause for limitations in joint range of motion. When a muscle is inhibited and/or has lost proprioceptive input, it does not contract efficiently, and the joint that it supports becomes unstable. MAT is designed to identify and correct the positions of instability. When MAT is performed, the natural protective mechanisms are diminished and normal joint motion occurs. The goal is to not only increase joint motion, but to also increase stability through that range of motion (Mobility and Stability).

MAT is a hands-on biomechanical therapy technique that requires manual palpation of the origin and insertion of muscles. This may involve a mild degree of discomfort at these sites. In addition, some isometric exercises might be introduced.

The undersigned understands and agrees that during the visit he/she is not receiving physical therapy, chiropractic treatment, or medical treatment. It is understood that MAT is the only technique used in this session. MAT cannot be used to diagnose, treat, or cure any medical condition. Please consult your physician before beginning any workout or treatment program.

I hereby consent to voluntarily engage in MAT sessions. My permission to perform this technique is given voluntarily. I understand that I am free to stop the session at any time if I so desire. _____ (Initial)

I hereby acknowledge that MAT is a scheduled event and hereby agree to pay for services at the time of treatment. All cancellations must be made 24 hours prior to appointment to avoid charge for service. _____ (Initial)

Any questions about the procedures used during MAT sessions are encouraged. If you have any concerns or questions, please ask for further explanations.

Client signature: _____ Date: _____

Specialist Signature: _____ Date: _____



Waiver, Release of Liability and Consent to Medical Attention

In Exchange for my being allowed to participate in Dave Reed's Kinetic Symmetry, Inc. ("Kinetic Symmetry") programs and opportunities (the "Activity"), I, and if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

1. Identification of Risks

I understand that participation in the *Activity* may involve risk of injury, disability and death.

2. Assumption of Risk

I am physically and psychologically ready to participate in the *Activity* and assume all risks connected with my participation in the *Activity*. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the *Activity*.

4. Status of Kinetic Symmetry

I understand and represent that *Kinetic Symmetry* (including its affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns) is not my physician and that the *Activity* does not constitute the provision of medical or health care services.

5. Waiver and Release

I release and discharge *Kinetic Symmetry*, and each of its affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns from all claims for any liability, injury, loss, or damage in any way connected with my participation in the *Activity*, whether or not caused in whole or part by the negligence of any of the organizations or individuals mentioned above. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns who might pursue any legal action or

claim for such liability, injury, loss or damage. I further intend that this waiver and release shall be effective indefinitely and unless and until I provide written notification to *Kinetic Symmetry* to the contrary. This waiver and release nullifies any prior waiver and release signed by me.

6. Consent to Medical Treatment

I agree that *Kinetic Symmetry* (including its affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns) may, but has no duty to provide me, through medical personnel of their choice, customary medical or training assistance, transportation, and emergency medical services.

I have read this waiver, release and consent and understand that I have given up substantial rights by signing it. I am signing this waiver, release and consent voluntarily.

Signature

Printed Name

Date

If the person participating in the Activity is not yet 18 years old: As a parent or legal guardian of the above named child, I verify that I fully agree to, understand, and accept all provisions of this Waiver, Release and Consent.

Signature

Printed Name

Date