



ABLE BIONICS USA WAIVER

PERMISSION TO OBTAIN MEDICAL TREATMENT ON MY BEHALF

Should I or the person for whom I am the legal guardianship, become injured or ill, I give permission for Able Bionics USA's program facilitator(s) to render First Aid, initiate CPR if needed, and to seek emergency medical services as they see fit, and at my cost.

Client Name (Print)

Signature

Date

Guardian Name (Print)



CLIENT RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in ABLE BIONICS USA'S programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, release from liability ABLE BIONICS USA and Bridging Bionics Foundation for all liability, as further described below:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian, I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise ABLE BIONICS USA of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result from my or another person's actions, inactions or negligence, the rules of play, or the condition of the premises or any equipment used. Further, there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue ABLE BIONICS USA, their representative administrators, directors, agents, trainers, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and lessors of premises used to conduct the program, related event, or activity, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
5. I understand that ABLE BIONICS USA will maintain my privacy to the highest standards and may use or disclose my personal health information for the purposes of carrying out treatment, evaluating the quality of services provided and any administrative operations related to treatment.
6. I Authorize ABLE BIONICS USA to discuss my medical condition, care program, prescription medicines, or other aspects regarding my medical history on a need-to-know with my parents, spouse, significant other, physicians or other care providers, unless I have alerted ABLE BIONICS USA that I refuse to permit them to release such information.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

Client's Name (Print)

Signature

Date

2017

ABLE BIONICS USA is a neuro-rehabilitation program of Bridging Bionics Foundation
BRIDGING BIONICS FOUNDATION is a Section 501(c)(3) Colorado nonprofit corporation: EIN# 46-2182977

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