MOVEMENT SCREEN CONSENT & RELEASE

By signing this document, I acknowledge that I am voluntarily participating in a movement screen conducted by a Doctor of Physical Therapy (DPT) as part of my personal training program with Forged Kinetics, LLC. I understand that the movement screen is not a medical evaluation, diagnosis, or treatment, and does not create a patient-provider relationship with the DPT. The purpose of the movement screen is solely to provide general information about my mobility, strength, and movement patterns to assist in the safe and effective design of my training program.

I understand that participation in the movement screen involves inherent risks of injury, including but not limited to strains, sprains, falls, or other musculoskeletal injuries, which may result in serious injury or death. I voluntarily assume all such risks associated with my participation and agree that Forged Kinetics, LLC, its owners, principals, agents, employees, trainers, the DPT, and any associated facility (collectively, the "Releasees") shall not be held liable for any injury, loss, or damage to myself or my property arising from or related to my participation, including those resulting from ordinary negligence, except for gross negligence or willful misconduct.

I further agree to indemnify, defend, and hold harmless the Releasees from any claims, demands, liabilities, damages, or expenses, including attorney's fees, arising out of my participation in the movement screen, including claims brought by third parties as a result of my actions.

If any concerns are identified during the screen, I understand that I may be advised to consult with a licensed healthcare professional for further evaluation.

I acknowledge that my previously signed Forged Kinetics, LLC Waiver and Release of Liability applies to this activity, and I voluntarily release all Releasees from any claims or liabilities related to the movement screen.

Client Name (Print):	Client Signature:	Date:

Parent/Guardian Name (if under 18):	Parent/Guardian Signature:	Date:

Forged Kinetics Representative:	Signature of Representative:	Date:

DOCTOR OF PHYSICAL THERAPY (DPT) ACKNOWLEDGMENT

I confirm that the movement screen provided is for general fitness purposes only and does not constitute medical evaluation, diagnosis, or treatment.

DPT Name (Print):	DPT Signature:	Date: