

Liability Form

I hold APTA VA and their employees, contractors, volunteers, and members harmless from any injury I may sustain arising out of or in any way related to my attendance at and participation in the conference. I further agree that APTA VA, its employees, contractors, volunteers, and members shall not be liable for any claims, demands, injuries, damages, actions, or causes of action whatsoever arising out of, or connected with the use of any of its services, facilities, or equipment. I hereby expressly forever release and discharge APTA VA, its employees, contractors, volunteers, and members from all such claims, demands, injuries, damages, actions, or causes of action, and from all acts of active or passive negligence on the part of APTA VA, its agents, contractors, volunteers, or employees.

I am aware that it is my responsibility to only apply therapeutic interventions within my scope of practice (PT) and scope of work (PTA) as determined by the state practice act governing the location where healthcare is provided.

I recognize that participation in this conference is entirely voluntary, and I agree to refrain from participating if I have any health problems or conditions that are contraindications for participating in any aspect of the conference or activities planned by APTA VA. I assume all risk of injury, including but not limited to injury related to health problems and conditions whether known by me, or unknown.

I will not photograph or video any of the conference content and proceedings without express permission from the instructors and/or fellow participants. I grant APTA VA permission to the rights of my image and sound via photography and video without payment or other considerations. I understand my photo may be used by APTA VA on the internet, print, social media, and other media and marketing outlets.

I understand that the cancellation fee is half the rate of the early bird price for my tier. If I chose to transfer my registration to another member, there is a \$20 fee.

I consent to APTA VA releasing my first name, last name, postal and email address to Chapter sponsors/partners.