



area following HIPPA protocol. We will have no audio, and video will be solely used for security purpose only. We must access Pentagon MMA area to enter the front door and walkway which has security camera solely for security purpose.

Your signature only acknowledges that we have reviewed our privacy practices. The law also requires us to document the fact that we have distributed the notice by collecting and retaining these signed acknowledgements.

I hereby acknowledge receipt of the Notice of Privacy Practices.

.....
Patient Name/ Guarantor

MSR WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION OF the risk of injury that exists while participating in rehab/FITNESS TRAINING (hereinafter the "Activity"); and

IN CONSIDERATION OF my desire to participate in said Activity and being given the right to participate in same.

I HEREBY, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity; and

I HEREBY release and forever discharge Shakya Rehab LLC DBA MMA & Sports Rehab, located at 1033 S. Edgewood street, Arlington, VA- 22204 and 932 S. Walter Reed Drive, Arlington, VA 22204, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS'

NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITIONS AT THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.

I FURTHER AGREE to indemnify, defend and hold harmless the Releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs.

I FURTHER ACKNOWLEDGE that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should require medical care or treatment, I authorize Shakya Rehab LLC DBA MMA & Sports Rehab to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I FURTHER ACKNOWLEDGE that this Activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. I agree not to participate in the Activity unless I am medically able and properly trained, and I agree to abide by the decision of the Shakya Rehab LLC DBA MMA & Sports Rehab official or agent, regarding my approval to participate in the Activity.

I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Shakya Rehab LLC DBA MMA & Sports Rehab AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Shakya Rehab LLC DBA MMA & Sports Rehab FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for ordinary negligence, this release is also for such negligence on the part of Shakya Rehab LLC DBA MMA & Sports Rehab, its agents, and employees.

I agree that this Release shall be governed for all purposes by Virginia law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agent's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.



THIS WAIVER AND RELEASE OF LIABILITY SHALL REMAIN IN EFFECT FOR THE DURATION OF MY PARTICIPATION IN THE ACTIVITY, DURING THIS INITIAL AND ALL SUBSEQUENT EVENTS OF PARTICIPATION.

THIS AGREEMENT was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both Participant, _____ and Shakya Rehab LLC DBA MMA & Sports Rehab agree that this agreement is clear and unambiguous as to its terms, and that no other evidence shall be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact Relationship Contact Telephone

I, THE UNDERSIGNED PARTICIPANT, AFFIRM THAT I AM OF THE AGE OF 18 YEARS OR OLDER, AND THAT I AM FREELY SIGNING THIS AGREEMENT. I CERTIFY THAT I HAVE READ THIS AGREEMENT, THAT I FULLY UNDERSTAND ITS CONTENT AND THAT THIS RELEASE CANNOT BE MODIFIED ORALLY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND THAT I AM SIGNING IT OF MY OWN FREE WILL.

Participant's Name:

Participant's Address:

Signature:

Date:



MSR Credit Card on File Agreement

We have implemented a policy which enables you to maintain your credit card information securely on file with Shakya Rehab LLC DBA MMA & Sports Rehab. In providing us with your credit card information, you are giving MMA & Sports Rehab permission to charge your credit card on file if you fail to pay your co-pay, co-insurance, deductible or cancellation/ no show. By signing this, you authorize this agreement to remain in effect until the expiration of the credit card account and that you may revoke this form at any time by submitting a written request.

Co-pays: Co-pays/co-insurances/deductibles are due at time of the office visit.

Outstanding Balance: If your insurance provider has paid their portion of your bill (or any other patient(s) you have listed on this form) and there is an outstanding balance owed, MMA & Sports Rehab will charge the card on file. A copy of the charge will be sent by email or mailed to you. This in no way compromises your ability to dispute a charge or question your insurance company’s determination of payment.

Multiple Users: This card will only be authorized for the use of the credit card holder, his/her minor(s), or any person(s) listed below.

I authorize MMA & Sports Rehab, to charge co-pays and outstanding balances on my account to the credit card to MMA & Sports Rehab.

Patient’s Full Name

Patient’s Signature

.....

Patient Name/ Guarantor

MSR Cancellation/ No-Show Policy

Appointment Attendance, Cancellation, and No-Show Policy

At MSR, your progress and recovery are our top priorities. This policy is designed to ensure all our patients have the opportunity to receive the timely care they need.

Appointment & Cancellation Policy Summary

- **24-Hour Notice:** To avoid a fee, a minimum of 24 hours' notice is required for all appointment cancellations or changes. However, if you have an appointment on Monday, you need to let us know before 2 pm Saturday because we are closed on Sunday.

- **\$50 Missed Visit Fee:** A \$50 fee will be charged for the following:
 - o Appointments canceled with less than 24 hours' notice.
 - o Arriving more than 15 minutes late, which may require your appointment to be rescheduled.
 - o No-show appointments.

- **Arrival:** Please arrive at least 5 minutes before your appointment. If you are running late, call us immediately.

- **Repeated Issues:** 2 no-shows or same-day cancellations may result in removal from the active schedule and notification of your referring physician.

By signing, you acknowledge and agree to these terms.

Patient's Signature: _____

Date: _____

MMA & Sports Rehab
 1033 South Edgewood St, Arlington VA 22204
 Phone: 703-884-7084
 Fax: 571-982-3186



Medical History Form

Reason for this visit _____

Using the following scale, with 1 being the least amount of pain and 10 being very severe pain, rate your pain during rest:



Using the same scale, rate your pain during activity:



Indicate the type of pain you feel:

- | | | |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Stabbing | <input type="checkbox"/> Burning | <input type="checkbox"/> Aching |
| <input type="checkbox"/> Pins and Needles | <input type="checkbox"/> Numbness | <input type="checkbox"/> Shooting |

Are you presently working? Yes No Occupation _____

Any recent significant change in your appetite? Yes No

Do you currently experience any of the following?

- | | | | |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Cardiac Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Orthopedic Problems | <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Drug/Alcohol Dependency | |
| <input type="checkbox"/> History of Surgery _____ | | | |

Are you pregnant? Yes No

List of Medical Allergies _____

List all prescription or over-the-counter medications you are currently taking _____

Other info: _____