



## **MEDAPEUTICS CONSENT AND WAIVER OF LIABILITY FORM**

Herein and after “the company” refers to MedaPeutics. I understand that I will be participating in private, one-on-one services, incorporating conservative techniques to improve my physical strength, endurance, flexibility, balance, range of motion, and/or overall health and wellness or a combination of any services offered by the company. I may choose to have chiropractic, therapy, nutrition, exercise, and/or health coaching services.

By signing below, I am giving my informed consent to services. I consent for services to occur in my home, gym, workplace, or another location previously agreed upon as the company offering services is a mobile company. At the time a physical location is offered by the company, my consent will include any location the company offers services at. I understand Medapeutics, LLC and/or MedaPeutics Non-Profit, Inc. do not control the environment in which mobile services are provided. I agree, therefore, to hold the company harmless of any injury due to environmental impact.

I will alert my service provider of any special needs, injuries, preferences, or considerations prior to starting the first session as this information could affect my safety and security during the services. I have willfully disclosed whether I have pre-existing concerns, X-rays, fractures, comorbidities, or any other issues that may alter, affect, or hinder the services I request or will disclose upon the initial consultation. It is my responsibility to disclose all of my health needs to my service provider for accurate provisions of services.

I understand that by signing below, I waive all liabilities concerning my health and safety during my participation in services and I hold harmless the service provider and the company, Medapeutics, LLC and/or MedaPeutics Non-Profit, Inc.

Name (printed) \_\_\_\_\_ Date: \_\_\_\_\_  
Name (signed) \_\_\_\_\_

