**Waiver and Indemnity Agreement**

This is a Waiver and Indemnity Agreement between You and [insert practitioner name].

By engaging the services of [insert practitioner name]

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [full name] of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [address]

ACKNOWLEDGE AND AGREE:

1. [insert practitioner name] is not a medical professional, and does not give medical advice. Treatment by [insert practitioner name] is not a substitute for professional medical treatment or advice, and does not purport to provide medical information or diagnoses. Treatment by [insert practitioner name] is not tailored to individuals, and does not take into account any preexisting medical conditions, interactions with any medication or medical treatment being undertaken by any individual. [insert practitioner name] recommends that patients seek professional medical advice before seeking treatment with [insert practitioner name], and before implementing any recommendations or advice given by [insert practitioner name].

1. [insert practitioner name] and their directors, officers, employees, agents, contractors, consultants and representatives assume no responsibility or liability for any consequences, including any injury, death, damage, loss, delay, cost, expense, or inconvenience arising directly or indirectly from treatment by [insert practitioner name], or any action or inaction taken by you as a result of the information provided to you by [insert practitioner name].

1. [insert practitioner name] does not represent or guarantee that patients will experience any result or outcome by implementing any recommendation or advice provided by [insert practitioner name].

I have read this Waiver and Indemnity Agreement and fully understand its contents.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_