

# Blank Health Care Services Waiver and Release

This Waiver and Release (  Agreement  ) is entered into by the undersigned participant (hereinafter referred to as the   Participant  ) for the purpose of participating in, receiving, or utilizing health care services provided by (  Provider  ).

## 1. Acknowledgment and Assumption of Risk

The Participant acknowledges that the health care services provided may involve certain risks, including but not limited to potential injury, side effects, or unforeseen complications. The Participant freely assumes all risks associated with participation in these services.

## 2. Waiver and Release

In consideration for receiving health care services, the Participant hereby waives, releases, and discharges the Provider, its employees, agents, contractors, and representatives from any and all claims, liabilities, damages, actions, or causes of action resulting from or arising out of participation in said services, whether caused by negligence or otherwise, to the fullest extent permitted by law.

### 3. Medical Authorization

The Participant affirms that they have consulted with a qualified medical professional as necessary regarding participation in the health care services and certifies they are able to participate.

## 4. Severability

If any term or provision of this Agreement is found to be invalid or unenforceable, the remainder shall continue in full force and effect.

## 5. Acknowledgment of Understanding

The Participant represents that they have read and understood this Waiver and Release, and voluntarily accept its terms.

Participant Signature

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

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Provider/Representative Signature

Printed Name &amp; Title

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Date