



Release of Liability for: No Charge Consultation.

In agreeing to receive a **no-charge consultation** provided by Advanced Medical of Florida, LLC, I agree as follows:

I fully understand and acknowledge that the activities in which I may engage in as part of this no-charge consultation at Advanced Medical of Florida, LLC may include manual palpation and/or manual testing. My participation in such activities may result in injury including, but not limited to, bodily injury, strains/sprains or other injuries. By my participation in these activities I hereby voluntarily agree to release, waive/discharge, and hold harmless Advanced Medical of Florida, LLC.

Name (print) \_\_\_\_\_ Date of birth \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Diagnosis or location of pain (e.g. Left shoulder pain): \_\_\_\_\_

Insurance type (If any): \_\_\_\_\_

Your doctor (If any): \_\_\_\_\_