

ALIGN WITH LIFE – ALPHABIOTICS SEDONA
PARTICIPANT UNDERSTANDING AND RELEASE & WAIVER OF LIABILITY



IN CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN ALPHABIOTICS SERVICES, I HEREBY AGREE AS FOLLOWS:

Please initial next to each provision that you understand and agree with before signing below.

_____ I acknowledge and understand that Alphabiotics services are provided for the one purpose of assisting individual participants to gain and maintain balanced stress release so that they might attain greater congruence of body, mind, and spirit and live their highest potential.

_____ I understand that participation in Alphabiotics involves a hands-on service. As is the case with any hands-on service, I recognize that I will be exposed to potential inherent risks to my person. Though not anticipated, I fully understand that I may experience soreness, headache, flu-like symptoms, and/or heavy emotional release as a result of my voluntary participation in Alphabiotics.

_____ I fully understand that the Alphabiotics services offered to me are not a substitute for medical care. I acknowledge and further understand that my Alphabioticist is not a licensed medical doctor. Accordingly, I acknowledge my Alphabioticist is not qualified to treat physical conditions or mental illnesses, diagnose symptoms, or perform spinal adjustments.

_____ I acknowledge and understand that Alphabiotics is an independent profession that is not associated with the Chiropractic profession or any medical or therapeutic profession in any way.

_____ I affirm that I have notified my Alphabioticist of all medical conditions, surgeries, neck injuries and/or diseases of bone or soft tissue that I am suffering from or have experienced in the past. I understand and expressly agree that there shall be no liability on my Alphabioticist if I forget to do so.

_____ I understand that all Alphabiotics services are rendered on a cash, check, or credit card basis. Unless other arrangements have been approved with my Alphabioticist, I agree to pay for each session at the time of the visit.

_____ I affirm that have requested all information from my Alphabioticist necessary to make a fully informed decision about whether participation in Alphabiotics is right for me. I promise to accept full responsibility for my choices.

RELEASE & WAIVER OF LIABILITY

In the absence of evidence of gross negligence or intentional wrongdoing on the part of my Alphabioticist, with the signing of this PARTICIPANT UNDERSTANDING AND RELEASE & WAIVER OF LIABILITY, I hereby release and hold harmless Align With Life – Alphabiotics Sedona Private Membership Association and my Developmental Alphabioticist from any and all liability for any loss, injury, or expense that I may suffer as a result of my participation in Alphabiotics services. I assume all risks for my choices and intend this Agreement to be a complete release of liability to the greatest extent allowed by law.

Participant's Name (Print): _____

Date: _____

Participant's Signature: _____

Alphabioticist Signature: _____

Date: _____

I hereby authorize the Alphabioticist to provide Alphabiotics to my Child or Dependent:

Parent or Guardian Signature: _____

Date: _____