



Liability Waiver Mild-Pressure Hyperbaric Oxygen Chamber Therapy

I _____ understand that mild hyperbaric oxygen therapy is not intended to diagnose, treat, cure, or prevent disease. In addition, I recognize that while mild hyperbaric oxygen therapy may enhance healing, it does not replace a health professional’s prescribed medications or recommended treatments. Health professionals prescribe mild hyperbaric oxygen therapy to address a wide variety of health issues; however, I acknowledge this therapy is only FDA-approved for specific conditions

I attest that I am a consenting adult over the age of 18 and that I agree to enter (and/or permit my child to enter) the portable mild hyperbaric chamber of my own free will, without coercion or sales pressure from any associate or employee of PDR Physical Therapy & Wellness Center.

I understand that there is no guarantee of any positive physical or emotional response to this therapy and that fees are for services rendered and not benefits received. I realize that I may not observe nor realize any benefit from the hyperbaric treatment.

I procure this therapy at my own risk. I hold PDR Physical Therapy & Wellness Center harmless from any adverse effects that may arise as a result of the mild hyperbaric chamber therapy.

Among various complaints experienced by persons undergoing mild-pressure hyperbaric oxygen chamber therapy is a minor ear or sinus discomfort, although the complaints are not limited to this kind of discomfort. **If I am unable to equalize ear pressure and experience pain in one or both ears, I will immediately communicate the discomfort, so the therapy session may be terminated.**

This agreement is not intended to set forth each and every discomfort or effect as might be experienced by a client partaking in mild pressure hyperbaric oxygen chamber therapy.

PDR Physical Therapy & Wellness Center is not a medical facility, and there are no persons on our staff licensed as medical personnel capable of rendering an opinion or making a diagnosis or prognosis respecting either the state of the client’s health or the physical, emotional or medical effects of mild-pressure hyperbaric oxygen therapy.

I am not aware of any physical condition which I suffer or have that would or should preclude me from undertaking this therapy. If I have any doubts, concerns, or questions, I will, before undertaking such therapy, seek and obtain medical advice.

I attest to the fact that I have read this agreement and fully understand and comprehend this agreement in its entirety. I understand that by signing this agreement, I am assuming any and all risks associated with the administration of mild-pressure hyperbaric oxygen therapy.

Client (or guardian) Printed Name

Client (or guardian) Authorized Signature

Date



Acknowledgment of Policies

I agree not to bring food or drink into the chamber. I understand that the exception to this rule is if I have diabetes, in which case I will bring an appropriate snack to each session in case my blood sugar drops during treatment. I also agree not to bring flammables into the chamber.

I understand that it is important to have eaten food at least one hour prior to treatment.

I understand that smoking and nicotine interfere with the benefits of mild hyperbaric oxygen therapy. Therefore, I agree to abstain from smoking or using a nicotine patch 2 hours prior to my appointment time.

By signing this release, I acknowledge that bringing any electronics into the hyperbaric oxygen chamber is not advised. I waive my right to bring any legal action now or at any time in the future to recover compensation or obtain any other remedy for any injury to my property. However caused, arising out my spouse (if any), assignees, heirs, parents, guardians, and legal representatives will not make any claims against, sue or attach the property of PDR Physical Therapy & Wellness Center releases for any loss or damage resulting from participants participated in the activity. I am aware of the potential dangers incidental to engaging in the activity, that this is a release of liability, a waiver between the participant and the PDR Physical Therapy & Wellness Center releases, and the participant signs it off my own free will. I expressly agree that if any portion is held invalid, agrees that the balance shall, notwithstanding, continue in full force and effect.

By signing I attest to the fact that I have fully read, understood, and consented to this agreement in its entirety to treatment(s) in the mild hyperbaric chamber. I understand that by signing this I am assuming any and all risks associated with the administration of mild-pressure hyperbaric oxygen chamber therapy. I agree not to hold PDR Physical Therapy & Wellness Center liable for any harm I may associate with the treatment(s) in the mild hyperbaric chamber.

Participant Signature

Participant Printed Name

Date

Signature of Parent/ Guardian (If under the age of 18)

Print the name of the Parent/ Guardian (If under the age of 18)

Date