

THIS AGREEMENT CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES REGARDING THE SUBJECT MATTER HEREIN, AND IS GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA.

**TO BE COMPLETED BY CLIENTS AGE 18 AND OVER
BY SIGNING BELOW, I ACKNOWLEDGE I'VE READ AND UNDERSTAND THE TERMS OF THIS CONSENT,
WAIVER & RELEASE OF LIABILITY**

Name of Client (Please Print) _____ Date _____
Client Signature _____ Email _____
Phone number _____
Address _____

**TO BE COMPLETED ON BEHALF OF MINOR CLIENTS UNDER THE AGE OF 18
BY SIGNING BELOW, I ACKNOWLEDGE I'VE READ AND UNDERSTAND THE TERMS OF THIS CONSENT,
WAIVER & RELEASE OF LIABILITY**

Name of Minor Client (Please Print) _____ Date _____
Age of Minor Client _____ Date of Birth of Minor Client _____
Name of Parent or Legal Guardian to Minor Client (Please Print) _____
Signature of Parent or Legal Guardian _____ Relationship to Minor Client _____

EMERGENCY CONTACT INFORMATION

Name _____ Home Phone _____
Relationship _____ Employer _____
Work Phone _____ Cell Phone _____

INSURANCE INFORMATION (In case of emergency only)

Primary Doctor/Group Name _____ Phone _____
Primary Insurance Carrier _____ Phone _____
Group ID _____
Member ID _____