

# NEW HEIGHTS MEDSPA

## CONSENT AND RELEASE FORM

I, \_\_\_\_\_, certify that I am over 18 years of age, or I am the father/mother/legal guardian of \_\_\_\_\_

For receiving instructions and sessions here, I release and forever discharge Adam Thaler and all other associated of New Heights MedSPA from any and all responsibility or liability arising from these procedures and demonstrations. I have not been promised anything to submit to these procedures, or to sign this release form. No guarantees or warranties have been made to me or to the success, value, or benefit of such procedures. I realize and acknowledge that the instructions, recommendations and services are not medical treatments or prescriptions. Any changes or additions in my diet, exercise or supplementation are of my own choosing. I have been instructed and understand to consult my physician before entering into any lifestyle changes or procedures and am free to withdraw my consent and discontinue visits here at any time. This form has been fully explained to me and I certify I understand it contents.

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Cell Phone Provider (for appointment notification only) AT&T, Sprint, Verizon, Cricket, Other: \_\_\_\_\_ (please write in your provider)

Email Address: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Client Signature Date: \_\_\_\_\_