

On-Site Release and Consent Form

Name:

E-mail address: _____

Participation in any services through Hometown Pediatric Dermatology PLLC (“Company”) includes services provided outside of a formal, closed-office setting. I understand that in a new setting, not all the variables in providing services are known. If at any point I feel overwhelmed or uncomfortable, I will respect my limitations and I will notify the Company as appropriate.

I understand and acknowledge that in any event there exist certain inherent risks in participating. I voluntarily participate in the services provided by the Company and agree to assume full responsibility for all risks, injuries, or damages known or unknown, which might incur as a result of participating in the services. I understand there may be a limitation in the types of services that may be safely rendered due to the setting not being in a formal closed-office setting. In addition, confidentiality may be compromised, and I waive confidentiality for any reasonable lapses, such as a family member or friend being present in the setting or other individuals receiving the same service.

By signing below, I release Company its owners and instructors, event facilities, event partners, as well as other participants from liability, and hold them harmless for any injury to my person, and damage to my property while on receiving services with Company, whether caused in or out of the services provided, by negligence or otherwise.

I understand that Company may provide an area for personal belongings to be held during services provided, however, I agree that Company is in no way responsible for the loss or damage of my belongings while I receive services.

I acknowledge and accept that all fees, once paid, are not refundable unless other payment policies are offered in writing in conjunction with this Agreement.

IF UNDER 18 YEARS OF AGE : As legal guardian of the participant, we consent to the above conditions.

Signature: _____

Date: _____