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**PATIENT’S RELEASE/INDEMNIFICATION OF ALL CLAIMS**

**AND COVENANT NOT TO SUE DOCTOR**

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT**

By signing this agreement, I, the undersigned, acting on his/her behalf or with full legal authority as parent or guardian of the participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators and assigns, HEREBY RELEASE its officers, agents, employees, representatives from any cause of action, claim or demand of any nature whatsoever, including but not limited to, a claim of NEGLIGENCE AND/OR WRONGFUL DEATH which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against (doctor and office) on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to: (spinal examination/evaluation/etc.) , however the injury or damage is caused, including, but not limited to, the NEGLIGENCE AND/OR WRONGFUL DEATH of (doctor and office) , its officers, agents and employees.

I hereby certify that I have full knowledge of the nature and extent of risks inherent in (spinal examination/evaluation/etc.) , and that I am voluntarily assuming the risks. I am specifically aware that such risks include, but are not limited to, I further acknowledge that the above list of items is not inclusive of all possible risks associated with the (spinal examination/evaluation/etc.) , and that the above risks, in no way, limits the extent or reach of this release and covenant not to sue. I understand that I will be solely responsible for any loss or damage, including death, I sustain as a result of (spinal examination/ evaluation/ etc.) , and that by this agreement (doctor and office) is hereby released of any and all liability for such loss, damage or death.

I further certify that I am in good health and that I advised the physician/employee of (office) that I have no physical limitation which would preclude the (spinal examination/evaluation/etc.) .

I further certify that my date of birth is (month/day/year), that my present age is , and that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

**IN WITNESS WHEREOF**, this instrument is duly executed this day of , 20 .

Participant’s Signature Participant’s Name (Print Clearly)

Witness’ Signature Witness’ Name (Print Clearly)

Parent/Legal Guardian Signature if Participant’s

Is under 18 years of age

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