



## Client Information & Participation Waiver

Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Organization: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Gender:  Male  Female

### Confidentiality & Use of Information

I understand that all information obtained by Inner Image will be treated as privileged and confidential, and will consequently not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information that is not personally identifiable with me for research and statistical purposes so long as same does not identify me or provide facts that could lead to my identification.

### Participation Waiver

Although the information provided by Inner Image is highly useful in evaluating your current health status, it is not medical advice. You are encouraged to share this information with your personal qualified medical practitioner. Therefore, the client agrees to release and hold harmless this service provider for any and all incidental or consequential damages, claims, or injuries, whether real or perceived, that may arise from this evaluation or use of the information derived there from.

**I understand the terms of the above and hereby agree to same.**

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

If the client is under the age of eighteen (18) years old on the date of completion of this Client Information & Participation Waiver, I, their legal parent / guardian, agree to the provision of these services and terms to the above named minor client.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

