



Liability Release

Waiver of Responsibility:

I understand that any practitioner is providing services to me independently and not as an agent or employee of ACT for MS. Although ACT for MS may, as part of its mission pay for the therapy being provided for me, ACT for MS is not liable for, and Client agrees to hold ACT for MS harmless from any damages relating to any acts of omissions or errors of a practitioner.

In signing this release, I understand its intent, and I for myself, my heirs, executors, administrators and representatives do hereby agree and will absolve ACT for MS and any other parties connected with our programs in any way together with their respective successors and assigns singly and collectively, from and against any blame and liability for any injury, harm, loss, inconvenience or any other damage of any kind whatsoever which may arise out of the negligence or carelessness on the part of any person named in this waiver.

I hereby consent to and permit emergency treatment in the event of injury or illness while participating in any event or program.

I hereby give permission to ACT for MS to use my name or image by way of photograph, video or audio format taken of me during programs or events sponsored by ACT for MS for any promotional materials, publications or any other electronic media.

Permission to use my image: Yes _____ No _____

I certify that I have read this waiver and release and understand its significance.

Date: _____

Print Client Name: _____

Client Signature: _____