

Client Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex: \_\_\_\_ Today's Date \_\_\_\_\_

## **Lifestyle Med Revolution**

### **Medical Liability Waiver**

While David Bowman, M.D. is a physician, I understand that he is not my primary care provider or specialist nor is he directly involved with my medical care. The purposes of seeking health education from him via Lifestyle Med Revolution are to learn and apply lifestyle medicine principles that are designed to improve my health. Any changes to medications will be done by my primary care provider or specialist. I understand that the goal of lifestyle changes will be, in some cases, to lower my blood pressure or blood sugar if I'm hypertensive or diabetic. However, medications I may be taking may also improve those conditions. If, in the process of applying lifestyle changes, especially (but not solely) while taking medications, certain conditions arise, including but not limited to low blood pressure (as evidenced by symptoms including but not limited to lightheadedness, dizziness upon standing, feelings like fainting or actual fainting) or low blood sugar (as evidenced by symptoms including but not limited to lightheadedness, feeling like fainting or actual fainting, jitteriness or unclear thinking) occur, I understand that I need to call my own health care provider(s) and/or seek emergency care. It is recommended to regularly check your blood pressure and blood sugar while making lifestyle changes. Other unforeseen medical issues may arise – including but not limited to injuries or sudden and severe health problems including but not limited to paralysis, heart attack, stroke or death. I am voluntarily coming to Dr. Bowman for health education and can withdraw at any time. It is recommended that I seek the advice of my own health care provider before undergoing any major lifestyle changes. If there are any questions I have, I do have the opportunity to ask them.

I, the undersigned, understand and acknowledge that lifestyle changes, especially nutritional and physical activity changes, have inherent risks and dangers, both foreseen and unforeseen, that may result in injury or illness.

**I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.**

I agree to indemnify and hold harmless David Bowman, M.D. and Lifestyle Med Revolution against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's

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fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If David Bowman, M.D. and/or Lifestyle Med Revolution incur(s) any of these types of expenses, I agree to reimburse David Bowman, M.D. and/or Lifestyle Med Revolution.

**I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE DAVID BOWMAN, M.D. AND LIFESTYLE MED REVOLUTION AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST DAVID BOWMAN, M.D. AND LIFESTYLE MED REVOLUTION \_ FOR PERSONAL INJURY OR PROPERTY DAMAGE.**

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

_____	_____
<b>Participant's Name</b>	<b>Participant's signature</b>
_____	_____
<b>Date</b>	<b>Phone number</b>
_____	
<b>Participant's address including city/state/zip</b>	
_____	
<b>Emergency contact name, phone number and relationship</b>	