



I hereby give my consent to receive Hyperbaric Oxygen Treatment services and/or other related treatment (the "Services") from Saint Paul Hyperbaric Oxygen Center and I acknowledge and agree that I am doing so at my own risk. My health and safety with respect to such Services are my sole responsibility. I acknowledge that my receipt of the Services from Saint Paul Hyperbaric Oxygen Center may result in bodily injury to me or my death. My decision to receive Services from Saint Paul Hyperbaric Oxygen Center is voluntary, and I know of, understand and assume any and all the risks associated therewith.

In exchange for receiving Services from Saint Paul Hyperbaric Oxygen Center, I, for myself and on behalf of my heirs, executors, administrators and personal representatives, hereby waive, release, discharge and hold harmless Saint Paul Hyperbaric Oxygen Center its members, officers, employees and agents from any and all liability for any and all injuries, including death, damages or claims relating to or resulting from my receipt of the Services, now or in the future, foreseen or unforeseen. Further, I will indemnify and hold Saint Paul Hyperbaric Oxygen Center, its members, officers, agents and employees, harmless from and against any and all claims, rights, damages, liabilities, losses, costs and expenses (including reasonable attorneys' fees) arising from or in connection with any injuries to other persons or damage to property caused by or attributed to me.

I acknowledge that I have read, and understand, the release and indemnification provisions set forth in the preceding paragraph, and agree to such terms.

I acknowledge that I am signing as a guardian on behalf a child who is under 18 years of age:

\_\_\_\_\_  
Child's name under 18

\_\_\_\_\_  
Printed name of guardian

\_\_\_\_\_  
Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Saint Paul Hyperbaric Oxygen Center Staff Initials