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| Signature | Date |
| Address | |

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Signature _____ Date _____

Address _____

Telephone______ Email _____

In case of emergency, please contact:

Name ______

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| Printed Name | |
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| Signature | Date |
| Address | |

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Printed Name _____

Signature _____ Date _____

Address _____

Telephone______ Email _____

In case of emergency, please contact:

Name ______

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I have read and fully understand the above information, warning of risk, assumption of risk, and waiver and release of all claims and permissions to secure treatment, to which I have affixed my original signature and have dated the same document.

| Printed Name | |
|--------------|------|
| Signature | Date |
| Address | |

CONSENT OF PARENT OR LEGAL GUARDIAN IF ABOVE INDIVIDUAL IS A MINOR:

I consent and agree, individually and as parent or legal guardian of the minor named above, to the above information.

Printed Name _____

Signature _____ Date _____

Address _____

Telephone______ Email _____

In case of emergency, please contact:

Name ______

Phone

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Printed Name _____

Signature _____ Date _____

Address _____

Telephone______ Email _____

In case of emergency, please contact:

Name ______

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