

Practice Without Pressure Consent for Treatment

Consent for Practice Without Pressure treatment for _____,
hereafter known in this document as PWP Participant. (Last name, first name)

This consent shall remain in effect unless written notice received.

Supporting Consent

I, the *parent, guardian, or supporting consent* (circle one) of **PWP Participant** grant permission and accept responsibility for the actions of **PWP Participant**. I agree to the terms of the hold harmless agreement below. I also agree to allow the staff of PWP, and/or qualified medical/dental personnel to care for, treat, or authorize treatment and/or transportation for **PWP Participant** and act as my agent in the care and treatment thereof, up to and including the attachment of debt liability in said care and treatment. If there are any medical limitations or special needs regarding **PWP Participant**, please indicate below. .

I hereby state and declare that there are no special needs, additional problems or concerns other than those listed above, regarding **PWP Participant**, which may be the cause of special concern to the staff of PWP and therefore agree to all terms set forth herein. No application shall be considered without signature below.

Hold Harmless

The undersigned hereby agrees to hold harmless Practice Without Pressure, Inc. (PWP) or any staff or person involved with PWP for any or all damages to persons and properties resulting from acts of God, loss, theft, vandalism or any physical or psychological injury or medical emergency.

Further: the above mentioned persons, groups, or organizations shall be held harmless from any cause of action, claim or petition, filed in any court or administrative tribunal, arising out of said event, including all costs, attorneys fees, judgments or awards.

Use of Media Consent

The undersigned hereby agrees to the recording of images and/or audio by Practice Without Pressure, Inc. during practice sessions or actual procedures. The images and/or audio recordings may be used by Practice Without Pressure, Inc. responsibly, for training and/or promotional use, but may not be sold for any reason. I understand that the images and/or audio may be used in a variety of media, including placement on websites and on internet outlets. The undersigned also authorizes PWP to use content from interviews and other written communications that reflect the experience of the undersigned and designated supporting parties for use in a variety of media to support the effectiveness of PWP.

(Printed name of *supporting consent individual*)

_____/_____/_____
(Date)

(Signature of *PWP participant or supporting consent – circle one*)

_____/_____/_____
(Date)