

# WAIVER FORM

The Kazemizer Inc. provides instruction in the form of seminars, courses and workshops for manual therapists, graduate chiropractors and chiropractic students.

It is a required policy of Kazemizer Inc. that all registrants/participants acknowledge their personal responsibility for providing medical services that comply with the scope of practice and standards of the regulatory jurisdiction in which they are licenced to practice and that they assume responsibility of their personal safety and welfare: while participating in courses, seminars or workshops involving technical and/or manual components of instruction including spinal/extremity manipulation/adjustments, Kazemizer Shark IASTM and other adjunctive therapeutic techniques. As graduate chiropractors/chiropractic interns/students or other regulated health practitioners, participants are expected to appreciate the importance of the acknowledgement being provided to Kazemizer Inc.

The participant, personally, and on behalf of his or her heirs, successors and assigns, agrees to save harmless and indemnify Kazemizer Inc., its employees, agents, and affiliates from any and all injuries, directly or indirectly incurred, whether temporary or permanent which may result from the undersigned's participation in the program. The participant further acknowledges and agrees that she or he is fully responsible for his or her participation in the program and the extend of that participation and acknowledges that he or she has no knowledge of any circumstance that would prohibit himself or herself from participation in the program to the extent desired by the participant.

I confirm that I will participate in the course **Extremity Adjusting Workshop on -----**.

OPTION 1

Full enrolment and participation, by the participant, in all aspect of the course including the technical and or manual / practical components.

OPTION 2

Partial enrolment, by the participant, which included the didactic/classroom experience only and does not include technical and/or manual components performed by the participant. The participant may volunteer to have technical and/or manual treatment components performed on him/her.

OPTION 3

Volunteer subject, by participant, where the participant will not perform any technical and/pr manual components and is volunteering to have technical and/or manual treatment components performed on himself/herself.

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_