

Client Waiver for Dr. Conor Hogan Ph.D.

Please Note: Please print off and fill out all the missing fields and e-mail back to Dr. Conor on Conor@DocConor.com one day before your scheduled appointment or bring with you to present within the clinic 10 minutes before your appointment. You may also sign it with an e-signature if you have not got a printer available but please e-mail it back to Dr. Conor. Failure to fill out the waiver results in Dr. Conor or any of this staff or associates being unable to assess or treat you. This stipulation exists whether or not you have pre-paid your appointment deposit, in part or full amount. Please also be aware that for a client to be seen by Dr. Conor, his staff or associates they must pay at least 10% of the service's/s' cost up front at least 8 hours before the given appointment. This is to avoid any potential cancellation on the client's part and to assure that other clients have a fair chance of getting a cancellation with Dr. Conor, his staff or associates.

I _____ (Print Name) understand that Dr. Conor Hogan Ph.D. and any of his staff or associate use treatments that include physical movements, coaching or therapeutic techniques. This may be in order to give the client an opportunity for relaxation, stress re-education, neuromuscular issues, joint issues, relief of muscular tension, or a variety of other emotional, mental or neurological discomforts.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, communicate with my therapist and ask for their support. I will continue to breathe smoothly.

I am therefore clarifying that I am satisfied to partake in any and all of the professional suggested activities by Dr. Conor, his staff or associates. I will also listen to their explanations and watch their instructions intently, and follow it as I trust that they intend to take due care of me during my time with them .I am also acknowledging that my body and brain are hydrated before this and each visit to Dr. Conor, his staff or associates.

I understand that Dr. Conor is not a medical doctor and that I am responsible for seeking the best medical attention when before I seek Dr. Conor, his staff or his associates' professional services. I affirm that I alone am responsible to decide whether to visit Dr. Conor, his staff or associates. I hereby agree to irrevocably release and waive any claims that I have now or hereafter that I may have against (Conor Hogan), his staff or associates.

In partaking with Dr. Conor, his staff or associates I will agree to give him a testimonial or review if asked and, in so doing, understand that this is a way of passing on my gratitude in order to help other people in need.

Ph: _____ E-Mail: _____

Any Other Social Media Contacts (Optional): _____

Date: _____

Signature of student: _____