

Dr. Anna Martin, ND Functional Medicine Doctor Powered by Rebound SportsMed

Waiver of Liability				
Male Female				
Last Name	First Name	First Name		
() Phone (circle one) Home Cell Work	Email Address			
Address	City	State	Zip Code	
Date of Birth	Occupation			
Emergency Contact Phone # HEALTH CONDITION	Relationship			
Past				
Present		ow Long		
How did you hear about BioFXN, PLLCWAI	VER OF LIABILITY			
which I will receive information and instruction abrecognize that the BioFXN services, programs an may be strenuous, and/or may cause physical injury understand that it is my responsibility to consult will BioFXN services or offerings. I represent and was which would prevent my full participation in BioFXI BioFXN services or offerings, I agree to assume further which I might incur as a result of participation in which I might incur as a result of participationers and/or instructors may physically adjustment each service or offerings I attend. I am also aware attention on my part not to misuse or overuse. In or offerings, I knowingly, voluntarily, and expressly damages that I may sustain as a result of participate representatives further release, waive, discharge at for any injury of any sort caused by my negligence of the participation in the property of the propert	In d offerings require plany, and I am fully awa ith a physician prior to the prior of the prio	nysical exertion and othere of the risks and hazard of and regarding my particularly fit and I have no meanly fit and I have no meanly fit and I have no meanly risks, injuries or dament of the services or offerings. It is services or offerings and the services of the services of the services of the services or offerings. It is not services or offerings in the services or offerings. It is not services or offerings in the	ner services which rds involved. I ticipation in any nedical condition eing permitted in the nages, known or . I also agree to take I acknowledge that N services or ner/instructor at equires extra e in BioFXN services oFXN for injury or heirs or legal on against BioFXN ervices or offerings.	
Date	Signature			
If participant is under 18, as legal guardian I conse to the above terms and conditions.	t Guardian Nam	e		
	Signature			