

HILTON'S HEARTLAND

NATURAL HEALTH CARE & WELLNESS CENTER

Melisa Rocchi Kuehn, ND

PROFILE SUMMARY LIABILITY RELEASE

PAGE 1 OF 1 | PLEASE PRINT OR TYPE ALL INFORMATION

NEW

UPDATE

FIRST
NAME

LAST
NAME

DATE OF
BIRTH

RELEASE OF LIABILITY

I understand that I am responsible for myself, care of dependent, or my child's behavior and safety while on the premises. I agree to hold the Hilton's Heartland Natural Health Care & Wellness Center, it's employees and agents harmless in the event of any accident or injury that occurs on the Hilton's Heartland Wellness Center premises, as a result of lack of parental/caretaker supervision or my child's misbehavior.

I understand that in the event of a medical emergency, the staff of the Hilton's Heartland Natural Health Care & Wellness Center will call 911 for emergency medical treatment.

I acknowledge the above statements, my signature below indicates that I have read and agree to the foregoing.

SIGNATURE

DATE

RELATIONSHIP TO PATIENT (IF SIGNED BY A PERSONAL
REPRESENTATIVE OF PATIENT)

HHWC STAFF
