

LETTER TO EXONERATE

Date:

Place:

Name:

Address:

Phone:

Heretofore, I accept the suggestion of (name) \_\_\_\_\_ ,  
(title) \_\_\_\_\_ , to help improve my present health condition and accept to  
sign this note, removing all personal responsibilities from (name) \_\_\_\_\_ ,  
in the occurrence of secondary effects, following the application of his(her) suggestion.

I have consulted my physician(s) and acknowledge the fact that the decision of  
following his(her) suggestion is my entire decision.

Signature of Client: \_\_\_\_\_

Date: \_\_\_\_\_