

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: _____