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**General Consent for Hyperbaric Oxygen Therapy and Liability Disclaimer**

The undersigned hereby consents to treatment with Hyperbaric Oxygen Therapy and related services (HBOT) provided by Warrenton Oxygen Wellness, LLC (WOW). People who use WOW’s HBOT services are called Very Oxygenated People, or VOPs. As a VOP, the undersigned hereby acknowledges and understands that HBOT for the VOP’s condition is not purported to be a standard therapy or cure; it is to be considered a supportive therapy only. WOW does not make any other claims of benefits for the treatment of VOP’s condition. VOP hereby warrants that they have read the HBOT contraindications information provided by WOW, and has informed WOW of any health issues/conditions that VOP currently has or has previously experienced.

The VOP also understands that HBOT treatment is not an exact science and that no guarantees have been made concerning the results or potential side effects of the proposed services. Further, WOW cannot control all possible risks to or interactions with VOP’s other medical care, treatment or procedures outside of the WOW facility. WOW does not warrant or guarantee any results of the HBOT, and HEREBY EXPRESSLY DISCLAIMS ANY LIABILITY WHATSOEVER FOR ANY anticipated or unanticipated effects or results of the HBOT services provided. In consideration for HBOT services received, VOP voluntarily and knowingly agrees to release, hold harmless, indemnify and forever discharge WOW, its affiliates and related entities, and their representatives, agents, employees, physicians, contractors, officers, directors, members, successors and assigns (collectively, “Released Entities”), from and against any and all liability, claims, suits, demands, or causes of action for any and all injury or death arising out of or related to the HBOT services, including payment of interest, and reasonable attorney’s fees and costs.

VOP’s signature below represents that the VOP is competent to execute this agreement, that the VOP has read and understands the above, was given the opportunity to discuss this form and have any questions answered, has had ample opportunity to discuss HBOT with his/her doctor, and knowingly consents to the conditions set forth above.

VOP (printed name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOP Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness (printed name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If VOP is a minor or not competent to sign this consent, parent/authorized guardian to sign below:

Parent/Guardian (printed name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_