

# Agreement Regarding Use of Mild-Pressure Hyperbaric Oxygen Chamber Therapy

I \_\_\_\_\_ understand that mild-pressure hyperbaric oxygen chamber therapy is intended to enhance, not replace any drugs or treatment program prescribed or recommended by a physician or health professional. The portable mild hyperbaric chamber is FDA approved only for AMS (Acute Mountain Sickness) also known as Hypoxia and Altitude Sickness. Many health care practitioners use the mild hyperbaric chamber to improve other health issues. However, I understand that the use of the chamber is not intended to diagnose, treat, or cure or prevent any disease.

I attest that I am consenting adult over the age of 18 and that I agree to enter (and/or permit my child to enter) the portable mild hyperbaric chamber of my own free will, without coercion or sales pressure from any associate or employee of Atlanta Spine & Sport.

I understand that there is no guarantee to any positive physical or emotional response to this therapy, and that fees are for services rendered and not benefits received. I procure this therapy at my own risk. I realize that I may not observe nor realize any benefit from the hyperbaric treatment.

I understand that the amount of atmospheric pressure used by Atlanta Spine & Sport is 1.3 absolute atmospheres, which equates to 9 feet below sea level, the same as I would experience at ground level in New Orleans.

I understand and agree that even though there are over 2,000 portable mild hyperbaric chambers in service today with a flawless safety record, I am entering the chamber at my own risk. I hold Atlanta Spine & Sport harmless of any adverse effects that may arise as a result of the mild hyperbaric chamber therapy.

Among various complaints experienced by persons undergoing mild-pressure hyperbaric oxygen chamber therapy is minor ear or sinus discomfort, although the complaints are not limited this kind of discomfort. The hyperbaric health care professional works with the client or parent of the client to provide comfort in the event of any discomfort that may be experienced by the client.

This agreement is not intended to set fourth each and every discomfort or effect as might be experienced by a client partaking of mild pressure hyperbaric oxygen chamber therapy.

Atlanta Spine & Sport is not a medical facility, and there are no persons on our staff licensed as a medical personnel capable of rendering an opinion or making a diagnosis or prognosis respecting either the state of the client's health or the physical, emotional or medical effects of mild-pressure hyperbaric oxygen therapy. I am not aware of any physical condition of which I suffer or have that would or should preclude me undertaking this therapy. If I have any doubts, concerns or questions, I will, prior to undertaking such therapy, seek and obtain medical advice.

I attest to the fact that I have read this agreement and fully understand and comprehend this agreement in its entirety. I understand that by signing this agreement, I am assuming any and all risk associated with the administration of mild-pressure hyperbaric oxygen therapy.

\_\_\_\_\_  
Client (or guardian) Printed Name

\_\_\_\_\_  
Client (or guardian) Authorized Signature

\_\_\_\_\_  
Date

Atlanta Spine & Sport, Inc.

Jason M. Bongi, D.C.

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The undersigned, \_\_\_\_\_, ("Participant"), has applied for and voluntarily elected to bring in personal property into the hyperbaric oxygen chamber. Participant understands that during the course of such activity, Atlanta Spine & Sport holds no responsibility for any damage to any personal property brought into the hyperbaric oxygen chamber.

IT IS THE INTENTION OF PARTICIPANT BY SIGNING BELOW TO EXPRESSLY ASSUME ALL RISK OF PERSONAL PROPERTY DAMAGE UPON HIMSELF, AND TO EXEMPT AND RELIEVE THE ATLANTA SPINE & SPORT RELEASES FROM LIABILITY FOR PERSONAL PROPERTY DAMAGE.

By signing this release, participant acknowledges that it is not advised to bring in any electronics into the hyperbaric oxygen chamber. Participant waives his/ her right to bring any legal action now or at any time in the future to recover compensation or obtain any other remedy for any injury to his/ her property. However caused, arising out his/ her spouse (if any), assignees, heirs, parents, guardians, and legal representatives will not make any claims against, sue or attach the property of Atlanta Spine & Sport releases for any loss or damage resulting from participants participation in the activity. Participant is aware of the potential dangers incidental to engaging in the activity, that this is a release of liability, a waiver between participant and the Atlanta Spine & Sport releases, and participant signs it of his/ her own free will. Participant expressly agrees that if any portion is held invalid, agrees that the balance shall, not withstanding, continue in full force and effect.

\_\_\_\_\_

Participant Signature

\_\_\_\_\_

Participant Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/ Guardian (If under the age of 18)

\_\_\_\_\_

Print name of Parent/ Guardian (If under the age of 18)

\_\_\_\_\_

Date