



**FRIENDS FOR LIFE BIKE RALLY
CONSENT TO MASSAGE/CHIROPRACTIC AND COMPLEMENTARY THERAPIES
SERVICES AND WAIVER OF LIABILITY**

I am a participant in the Friends For Life Bike Rally (the “event”). During the event I have requested massage and/or chiropractic services and/or complementary therapies from volunteers associated with the event providing such services, and I hereby consent to the services I have requested, pursuant to the *Health Care Consent Act, 1996*.

In consideration of receiving the requested services, I acknowledge and agree to the following:

1. I will provide accurate and complete information about my health to the volunteer from whom I seek services.
2. I acknowledge and agree that any services provided will be based upon the personal health information provided by me.
3. I understand that I may withdraw my consent to services in writing at any time.
4. I understand that the volunteer may, in his or her discretion refuse me services.
5. I hereby, on my own behalf and on behalf of my heirs, estate, successors and assigns, release, waive and forever discharge the volunteer and the sponsor of the event, Toronto People With AIDS Foundation, its directors, officers, employees, agents and volunteers from whom I have sought services of and from all claims, demands, damages, costs, expenses, actions in law and in equity arising in any manner from the massage or chiropractic services provided to me, regardless of whether such loss or damage was caused or contributed to by negligence on the part of the volunteer.
6. I understand that there are inherent risks involved in receiving chiropractic services, massage services or complementary therapies including the possibility of bodily injury or death, and I voluntarily take such risks upon myself.
7. I confirm that I have read this consent and waiver. I understand its terms and effect, and I have agreed to it freely and voluntarily, without any inducement or coercion.

Date

Print Name

Date of Birth MM/DD/YY (Participant must be over 18) Signature