



HSL
CONSULTING

***AUTHORIZATION TO PROVIDE SERVICES
&
LIABILITY WAIVER***

I authorize HSL Consulting, Inc., their employees and agents on behalf of myself, my dependent or other person for whom I am legally authorized to sign, to provide counseling services.

ASSUMPTION OF RISK: As a condition of my engagement of the services of HSL Consulting, Inc., I, _____ for myself, my dependent's or other person for whom I am legally authorized to engage the services of HSL Consulting, Inc., accept full and complete responsibility for my own ability to healthfully participate in this program. I hereby choose to accept the risk of engaging and participating in the counseling process in order to utilize HSL Consulting, Inc.'s services and enter HSL Consulting, Inc.'s premises. These services are of such value to me, and/or my dependents, or other persons on whose behalf I am legally authorized to engage the services of HSL Consulting, Inc., that I accept any risks associated therewith and release HSL Consulting, Inc. from any liability associated with my engagement of their services.

WAIVER OF LAWSUIT/LIABILITY: I, _____, individually, on behalf of my dependent, and/or other person for whom I am legally authorized to sign, hereby forever release and waive my right to bring suit against HSL Consulting, Inc., its directors, officers, agents, employees, invitees, management, representatives, their assigns, officials, and administrators, and all others from any responsibility or liability for any injury, damage or any loss whatsoever, including those by their negligence.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, INCLUDING THE TOTAL RELEASE, WAIVER AND LIABILITY OF HSL CONSULTING, INC., AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE. I HAVE READ THE ABOVE AND UNDERSTAND THAT IF I DO NOT SIGN THIS AUTHORIZATION AND WAIVER HSL CONSULTING, INC. MAY CHOOSE NOT TO ENGAGE IN SERVICES.

Client Signature: _____ Date: _____
Client's printed name: _____

I am the parent, legal guardian, or legal agent of the Client named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Authorization to Provide Services and Liability Waiver.