

PATIENT TREATMENT CONSENT FORM

I understand L2 HOPE/PT & Bodyworks' goal is to help me regain alignment and soft tissue balance and regain better movement and function. In providing this treatment, I understand that my body is self-healing and that L2 HOPE is giving advice and treatment to the best of their training and skill. In providing this treatment, I may experience pain and a change in how I move. I hereby consent to treatment of my own free will and will not hold Louise Lynch or LC Holdings, LLC (L2 HOPE) liable for outcomes that do not meet my expectation or lead to perceived harm. I understand that it is my right to discontinue treatment at any time, voice concern and end treatment if I deem that it is not helpful or necessary. I acknowledge that I am participating of my own free will and assume all risks associated with my participation in treatment.

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Patient's Signature

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Date

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Patient's Name (printed)