

Dmitro Jovnyruk – Manual Practitioner

Patient Consent

1. I understand that the individual working on me, Dmitro Jovnyruk, is a student of Osteopathy, and not a professional Osteopathic Manual Practitioner.
2. I understand that should I wish to cease participation or withdraw my consent, I may do so at any time, including if it is in the middle of a practice session.
3. I acknowledge that I am medically cleared to receive treatment by a medical doctor/family physician.
4. I acknowledge that all information provided regarding my health is accurate and up to date. I further acknowledge that should any of the information provided regarding my health change, I will notify the student prior to receiving any additional treatments from him.
5. I understand that the student is not a medical professional and that I should consult my family physician regarding changes to my health, or for any other information regarding my health and well-being.
6. I hereby release from liability and waive my right to bring legal action whatsoever against Dmitro Jovnyruk, The Canadian Academy of Osteopathy, their employers, officers, volunteers and agents for any and all claims, including claims for negligence resulting in any physical injury, illness or economic loss I may suffer, or which may result from my participation in this activity.
7. I acknowledge that I have fully read and understood the information provided on this page. I agree that I will ask for clarification regarding anything on this document if I do not understand the information provided.

Participant Contact Information

Date: _____

Address: _____

Phone: _____

Participant's Name

Participant's Signature