

CA LICENSE: 28999  
TAX ID: 20-3241393  
CLINIC NPI: 1114107901  
DR NPI: 1023297322



**SAHARA CLINIC**  
**Dr. Darrick E. Sahara**  
Chiropractic Kinesiologist

221 E. Walnut St., Ste. 125  
Pasadena, California 91101  
Tel: (626) 796-6830  
FAX: (626) 796-6950  
Web: www.saharaclinic.com  
E-mail: saharaclinicdc@gmail.com

## LIABILITY RELEASE AND EXPRESS ASSUMPTION OF THE RISKS FOR "HBOT"

### *This is a Release of Your Rights to Sue*

This liability release may be used as evidence in a court of law if you decide to sue any released party or person. Please read this document carefully and fill in all the blanks, initial and sign in the appropriate spaces provided. If you are not comfortable signing this release, then Hyperbaric Oxygen Therapy (HBOT) is not available for you at this office.

I, \_\_\_\_\_ (PRINT PATIENT NAME) hereby agree that I have been fully advised and completely informed of the inherent risks and hazards associated with hyperbaric oxygen therapy (HBOT) and the utilization of compressed breathing gases used in chambers, including Air, Enriched Air Nitrox/SafeAir<sup>o</sup> and Heli-ox.

\_\_\_\_ (initials) I, further, completely understand that breathing with compressed air gases such as those listed in the paragraph above involve certain inherent risks and hazards to include: decompression illness, lung expansion injuries, arterial gas embolism and the associated decompression sickness maladies. These maladies may result in permanent injury or death. I, further, completely understand that by exceeding oxygen tolerance levels I may be subjected to central nervous system type or whole body oxygen toxicity and that these, among other things, could lead to a temporary loss of consciousness. By evidence of my signature and initials on this document I evidence that I have been fully appraised of the risks and hazards associated with hyperbaric therapy that I expressly assume these risks. I, further fully understand that the location for this activity may be conducted in point of time and distance not immediately or readily accessible to professional medical services. Nevertheless, I still choose to proceed with the therapy of my own free will.

\_\_\_\_ (initials) I, further attest that I do not have any pre-existing condition that would be considered a contraindication to hyperbaric therapy. Examples include: I am not pregnant, I do not have any chest or sinus congestion, I have no known blockage of my Eustachian Tubes nor am I wearing earplugs, I have not recently ingested alcohol and other contraindications that might be explained to me by the operator.

\_\_\_\_ (initials) I, fully understand and agree that the Sahara Clinic operator(s), may not be held liable or responsible in any fashion for any injury, death or damages to me or my family, heirs or assigns that may occur as a result of participation in hyperbaric treatment or as a result of active or passive negligence of any of the released parties named in this document.

\_\_\_\_ (initials) In exchange for me being allowed to participate in this therapy program, I hereby personally assume all risks in conjunction or connection with this therapy program or any harm or injury or damages that may befall me, my heirs or assigns while I am enrolled in this program. I specifically assume all risks associated with my participation in this treatment that I will not hold the released individuals in this document responsible.

\_\_\_\_ (initials) By my initials and signature on this document, I evidence that I have fully read, contemplated, and understand the contents of this liability release and express assumption of the risk and release my right to sue. I agree to the terms and conditions of this document in exchange for my participation in this therapy. I further state that I am of lawful age and legally competent to sign this release or that I have acquired the specific written consent of my parent or guardian.

\_\_\_\_ (initials) I understand that this document constitutes a contract between myself and the released parties cited. It is the express intention of \_\_\_\_\_ (PRINT PATIENT NAME) by this instrument to release all Sahara Clinic operator(s) and Darrick E. Sahara from all liability and responsibility whatsoever for personal injury, property damage or wrongful death however caused, including, but not limited to, the negligence, active or passive.

\_\_\_\_ (initials) I agree not to touch anything inside the HBOT chamber.

\_\_\_\_ (initials) I agree not to use earphones or earplugs while inside the HBOT.

\_\_\_\_ (initials) I agree to use the bathroom before using the HBOT.

\_\_\_\_ (initials) I agree not to chew gum, eat food or drink liquids while in the HBOT.

\_\_\_\_ (initials) If I create a cleaning problem in the HBOT, I will pay a \$1,000 cleaning fee.

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Guardian for Minor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_