

REQUEST AND RELEASE FOR PARTICIPATION

IN EDUCATIONAL PHONE SESSION

Potential Student's Name:

Potential Date(s) of Phone Session:

Phone #:

I, the above-named student, request that Michael Cheikin participate in phone conversation(s), during the dates above, as a teacher and not as a physician. I understand that Michael Cheikin will not be talking to me as a medical doctor, and will not evaluate, diagnose or treat me as a part of this phone educational session. My relationship with Michael Cheikin will be as a student and not as his patient. This and future phone conversations are for information and education only.

Even in state(s) in which Michael Cheikin is licensed to practice medicine, these conversations will be solely educational and the only relationship will be student-teacher. There will be no evaluation, diagnosis or treatment discussed or provided. No records will be kept and the phone conversation may not be recorded or transcribed in any way. If I take notes, I acknowledge that they probably will be incomplete and erroneous, and therefore will only used for educational purposes.

I understand that I am expected to continue my usual medical care. I understand that this/these education session(s) will not replace, substitute for, review or recommend routine medical care. I will not modify any aspect of my medical care based on any of the information provided without first consulting my doctor.

I have been advised to discuss the risks and benefits of exploring any information with my doctor(s).

I understand and agree that the general educational material provided does not take into consideration any individual circumstances or needs, and can cause significant injury or death to self or others if applied without the participation and monitoring by a licensed physician.

Any fees paid to Michael Cheikin for these educational sessions will not be considered health-care related and will not be submitted for reimbursement to any agency, nor paid for by any Health Savings Account or similar account designated for health-care related expenses.

In consideration of my being able to participate in this/these educational phone conversations, I agree to release all liability and to indemnify Michael Cheikin and his respective affiliated companies, including the owners and operators of the facility in which these services will be provided, their officers, directors, shareholders, agents including independent contractors, employees, representatives and their successors and assigns, from and against all claims, actions, judgment, cost, expenses and demands with representatives and their successors and assigns, from and against all claims, actions, judgments, cost, expenses, and demand with respect to injury, loss, death or damage to my person or property in connection with my taking part in the above stated program. It is understood and agreed that this release is to be binding on myself, my heirs, executor, administrators and assigns.

I certify that I have read the above and understand it. Intending to be legally bound hereby, I make this agreement.

_____.

Signature

Date