



The Oasis Institute

THE OASIS INSTITUTE PATIENT DISCLAIMER

I, _____ ACKNOWLEDGE THAT I AM NOT A
(PRINT NAME)

COMPETITIVE OR CURRENTLY A PROFESSIONAL ATHLETE GOVERNED BY ANY

LICENSING OR REGULATORY BOARD/ PANEL, INCLUDING BUT NOT LIMITED TO NCAA,

NFL, NBA, MLB, NHL OR OLYMPICS.

SIGNATURE

DATE

STAFF WITNESS PRINT NAME

STAFF WITNESS SIGNATURE