



## **RELEASE FORM**

**Maria Richardson** has explained that the services I am requesting may include potential risks, such as allergic, chemical, or other adverse reactions, which might cause discomfort, illness or injury.

### **Details of the Service Requested**

I, \_\_\_\_\_, the undersigned, voluntarily release **Maria Richardson** of any and all liability for any harm, injury, illness, damage, claims, discomfort, demands, action, and causes of action.

I agree to the service and will not hold **Maria Richardson** or **Odyssey Wellness, LLC** responsible for any undesirable outcomes.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Tech Signature** \_\_\_\_\_ **Date** \_\_\_\_\_