

# YMCA of the North

## General Informed Consent



I understand that the information I receive during this experience is not a substitute for medical advice, diagnosis, or treatment and that I should see a qualified practitioner, physician, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that YMCA of the North practitioners are not qualified to diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the session should be construed as such. I understand that there shall be no liability on the practitioner's or YMCA's part should I fail to seek consultation from a qualified medical provider.

If applicable, also please review, sign, and date the informational addendum specific to this service.

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Client Name

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Parent or Guardian (if applicable)

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Signature

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Date