Klarstig

Healthcare & Wellness Activity Waiver

Record the activity, the information provided to the participant and the decision on the organization's stated terms. Complete the activity details before presenting this document for review.

Contact and reference

Organization using this document

Your name or contact reference *

Email for a reply if needed

Information for this document

Participant name *

Activity and location *

Activity dates *

Activity information and foreseeable hazards communicated *

Participation instructions and required equipment *

Exact participation and release terms supplied by the organization *

I have received the activity information and can ask questions before deciding *

Decision on the supplied terms *

- ☐ I accept the stated terms
- ☐ I do not accept
- ☐ I need clarification

Decision date *

Specific details

Activity name and organizer

Complete when relevant to this request.

Participation conditions and practical arrangements

Operating context

Facility service or administrative reference

Complete when relevant to this request.

Practical access scheduling and authorized communication arrangements

Limitations and what needs setup

- Submitting the form records the answers in your workspace. It does not approve, schedule, charge or reply on its own unless you add that step to the workflow.
- The wording is a starting point, not legal advice, and has not been reviewed for your jurisdiction. Have your own counsel review it before use.
- Email notifications, approval routing, document generation and connections to other systems are available but not switched on until you configure them.

Want help tailoring this form? Free, Starter and Pro include five personal setup sessions, up to 30 minutes each, per new organization.

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