



### Facial Node Trigger Point Needling Program - Waiver / Disclaimer

I, \_\_\_\_\_, understand that the Acupuncture Facial Node Trigger Point Needling Course (the Course) offered by **ACUMED-ORG, LLC** (“ACUMED-ORG”) is a participatory program in which all persons attending the courses are expected to practice on one another. Therefore, I agree that I will allow fellow course participants and workshop instructors to place solid filament needles into various muscles throughout my body during the seminar. I understand that in the case of pregnancy, I can decide whether or not I will allow others to place needles in my body.

I understand that the purpose of my participation as a student in the Course is not to provide a medical diagnosis or engage in a medical treatment but only to learn needle insertion and manipulation techniques relevant to Acupuncture Facial Node Trigger Point Needling.

I understand that, although the risk of serious harm is low, there is the possibility of adverse events. Adverse events that may occur include, but are not limited to: fainting, bleeding, bruising, hematoma, pain, superficial infection, aggravation of existing symptoms, tingling or nerve sensations, pneumothorax (the puncturing of the lungs by a needle), puncture of the dura, puncture of a blood vessel (artery or vein), or nerve injury. Other unexpected risks or complications not discussed may also occur. I understand the risk of complication, although low, is real.

If, during my participation as a volunteer in the Course, I am injured, the program directors will evaluate me immediately. If necessary, emergent care will be provided at a local hospital emergency room or by my regular physician. Such medical treatment will be billed to me or to my Health Insurance Plan.

I hereby hold ACUMED-ORG, the Course directors, and instructors harmless for any injury sustained from dry needling during the course. Also, I hereby hold ACUMED-ORG, the Course directors, and instructors harmless for any injury sustained from dry needling or injection techniques in my own practice.

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Signature and Date

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