

## Medical Liability Waiver

I the undersigned agree not to hold liable Matthew Pierce (AKA Schizophrenia Help) for any damages that incur as a result of being treated or not treated for recovery from mental illness (including: schizophrenia, bipolar, depression, anxiety, PTSD, and any other mental issue) these damages could include: personal injury (physical, reputational, or financial), death or jail (but are not limited to just those damages). I realize that I am an individual with self autonomy and can freely listen or disregard the advice given by Matthew Pierce. I further realize that when treating mental disorders even with best practice treatments by medical psychiatrists or patient advocate experts (like Matthew Pierce) satisfactory results are sometimes not achieved (example: 27% of schizophrenics treated by psychiatrists have a poor outcome, with only 6% working). Therefore, before receiving treatment from Matthew Pierce (AKA Schizophrenia Help) I am agreeing not to hold them liable for any damages that result from my treatment or lack of treatment for my mental health (as the primary concern) and ALL other medical conditions as secondary concerns (including: tinnitus, tardive dyskinesia, parkinsonism, or any other physical health issue) or for any other piece of information whatsoever I receive from Matthew Pierce.

I know myself better than any expert, and will endeavour to follow advice that seems to be helping my individual situation, and disregard advice that feels detrimental to my unique needs (weighing the risks and benefits of the expert well-intentioned guidance I receive from Schizophrenia Help) selecting my path forward as a sovereign individual, at the helm of my ship.

Client Name (please print): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date \_\_\_\_\_