



WAIVER OF LIABILITY (CHIROPRACTIC ADJUSTMENTS
and X-Rays)

I, _____ desire to receive chiropractic adjustments and I acknowledge that such adjustments may entail some risks to my health. Dr Romina's Chiropractic services has facilitated the opportunity for me to receive chiropractic adjustments.

- While Dr Romina's Chiropractic services will not knowingly place clients in their care in unsafe situations or expose them to unnecessary risk, it is recognized that accidents or losses occasionally happen which cannot be attributed to any fault on the part of any one individual or organization. It is also recognized that there are inherent risks in receiving chiropractic adjustments.
- Claims made and lawsuits commenced for harm or losses suffered through no fault on the part of Dr Romina's Chiropractic services result in human and financial costs that detract from Dr Romina's Chiropractic services ability to fulfill its mission.

II. Waiver of Liability : In exchange for the assistance provided by Dr Romina's Chiropractic work, I, _____ (insert name) agree to the following:

1. Dr Romina's Chiropractic services will not be required to compensate me for any harm or loss suffered as a result of voluntarily receiving a chiropractic adjustment from a Chiropractor, a service which Dr Romina's Chiropractic services has made available to me.
2. I agree to participate in chiropractic care as directed by Dr Romina.
3. I warrant that I do not have any medical condition that prevents me from receiving chiropractic services, and that I have filled out any related questionnaires truthfully.
4. I fully understand & agree to the terms set out in this document & I sign it voluntarily.

By signing this document, you affirm that you, _____ (insert name) could be injured while a Chiropractor provides you with chiropractic adjustments on the location while receiving services by Dr Romina, and that you are nonetheless receiving such chiropractic adjustments voluntarily. You and your heirs are therefore releasing Dr Romina Ghassemi D.C. from all liability for accidents, injuries, losses and damage that may occur in the course of receiving chiropractic services.

Dated this _____ day of _____, _____

_____ Signature _____ Print Name

_____ Doctor Signature

POSTURE POP-UP VESSEL.