



## WAIVER OF LIABILITY (CHIROPRACTIC ADJUSTMENTS and X-Rays)

### I. Recitals

- A. I, \_\_\_\_\_ desire to receive chiropractic adjustments and I acknowledge that such adjustments may entail some risks to my health.
- C. Collin Chiropractic has facilitated the opportunity for me to receive chiropractic adjustments.
- D. While Collin Chiropractic 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.
- E. Claims made and lawsuits commenced for harm or losses suffered through no fault on the part of Collin Chiropractic result in human and financial costs that detract from Collin Chiropractic's ability to fulfill its mission.

### II. Waiver of Liability

In exchange for the assistance provided by staff at Collin Chiropractic, I, \_\_\_\_\_ (insert name) agree to the following:

- 1. Collin Chiropractic 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 Collin Chiropractic has made available to me.
- 2. I agree to participate in chiropractic care as directed by Dr. Richard Collin.
- 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 Collin Chiropractic property, and that you are nonetheless receiving such chiropractic adjustments voluntarily. You and your heirs are therefore releasing Collin Chiropractic from all liability for accidents, injuries, losses and damage that may occur in the course of receiving chiropractic services.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Doctor Signature

\_\_\_\_\_  
Print Name

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