



**CHIROPRACTIC SUPPLEMENTS WAIVER**

I understand that nutritional supplements are not approved by the Food and Drug Administration (FDA). I also understand that use of nutritional supplement is not meant to diagnose, treat, cure, or prevent any disease or medical condition, and that I should consult with my physician prior to starting ANY exercise or nutritional supplement program. I additionally understand that I should also consult with my physician regarding any potential adverse interactions between medication I am currently taking and nutritional supplements before taking any such supplements. If I have, or suspect that I have, a medical problem, I will consult with my physician for diagnosis or treatment.

I hereby consent to, and assume the risks associated with, the use and consumption of nutritional supplements sold to me by PHOENIX Rehabilitation and Health Services, Inc. ("PHOENIX") and agree to follow the recommendations and instructions of my physician or chiropractor. I agree to carefully read all product packaging and labels, and I understand that if I experience any adverse side effects for allergic reactions, I should immediately stop consuming the nutritional supplement and I should immediately consult my physician. You hereby agree to fully release and discharge PHOENIX and all its agents, partners, directors, employees, attorney, successors, assigns and insurers of PHOENIX, and each of them, from all actions, causes of actions, claims, judgments, obligations, damages, and liabilities, of whatsoever kind and character, occurring at any time or prior to the date hereof, including, but not limited to, any such claims arising out of or relating to your use of nutritional supplements, including any contract, tort and any federal and state statutory claims.

I acknowledge that I have read this release carefully and understand its implications. In addition, I acknowledge that I am signing this release voluntarily. I further acknowledge that the execution of this release is a free act and deed and indicates voluntary acceptance of all the terms set forth.

Accepted and agreed to with the intent to be legally bound:

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Witness

\_\_\_\_\_

Date