



## Waiver of Liability

Chiropractor/Physical Therapy/Massage Therapy

I, the undersigned, acknowledge and agree to the following terms and conditions:

1. Acknowledgement of Risks: I understand that chiropractic, physical therapy, and massage therapy services involve inherent risks and potential discomfort. These therapies may include manual adjustments, therapeutic exercises, stretching, and soft tissue manipulation. I acknowledge that there are potential risks, including but not limited to muscle soreness, temporary pain or discomfort, and the possibility of exacerbating existing conditions.

2. Health Assessment and Disclosure: I confirm that I have provided accurate and complete information regarding my health history, current medical conditions, and any relevant injuries. I understand that it is my responsibility to inform the chiropractor, physical therapist, or massage therapist of any changes or updates to my health status. I acknowledge that the services provided at GPI are not a substitute for medical care, and I should consult with a healthcare professional for any underlying medical conditions.

3. Consent to Treatment: I voluntarily consent to receive chiropractic, physical therapy, and massage services from the qualified practitioners at GPI. I understand that I have the right to ask questions, seek additional information, and provide feedback during the treatment sessions. I acknowledge that I have the right to refuse or modify any treatment techniques or procedures.

4. Release and Waiver of Liability: I release and discharge GPI, its owners, practitioners, employees, agents, and representatives from any and all liability, claims, demands, actions, or causes of action arising out of or related to the chiropractic, physical therapy, and massage services provided at GPI. I understand that GPI is not responsible for any unforeseen reactions, injuries, or adverse effects resulting from the services provided.

5. Personal Responsibility: I acknowledge that I am responsible for communicating any discomfort, pain, or concerns during the treatment sessions. I will follow the instructions, guidelines, and recommendations provided by the practitioners at GPI to ensure my safety and well-being. I understand that I may be asked to participate actively in my treatment plan, including performing exercises or following home care instructions.

6. Confidentiality and Privacy: I understand that all personal health information disclosed during the course of chiropractic, physical therapy, and massage sessions will be kept confidential and in compliance with applicable privacy laws and regulations.

By signing below, I acknowledge that I have read and understand this waiver of liability, and I voluntarily agree to its terms and conditions.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_