**Patient X-ray Waiver - Release and Indemnification Form**

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This form will confirm that Dr. (chiropractor) associated with (business name) has recommended that I undergo spinal X-rays in connection with my chiropractic evaluation and treatment or my condition. If you are pregnant, X-rays will not be taken.

In recognition of this voluntary waiver, I, as the undersigned patient, and for or on behalf of my minor child who may be subject to chiropractic treatment) hereby release and forever discharge and hold harmless; on behalf of myself, my heirs, representatives, executors, administrators, and assigns (chiropractor and business name) , including its officers, agents, assigns, employees, and legal representatives, from any and all responsibility, liability, causes of action, claim, or demand, or any nature whatsoever, including, but not limited to, a claim of **negligence** that may arise out of or relate in any manner to the evaluation of my present condition or resulting chiropractic care and adjustments which my doctor may be unable to fully or properly analyze without the benefit of taking my X-rays. This release is to be broadly interpreted to extend to consequential property damage, and personal injury, including death. As such, I specifically give and authorize consent to (chiropractor and business name) to administer chiropractic treatment which is analyzed from a chiropractic treatment prospective for treatment of my condition, without the benefit of submitting to such X-rays.

I further agree to indemnify and hold harmless (chiropractor and business name) , its officers, agents, employees and assigns, from any and all causes of action, claims, demands, loss of any nature whatsoever arising out of or in any way related to the chiropractic evaluation and treatment of my condition without submitting to having X-rays taken.

I hereby certify and attest that this release/waiver and agreement to indemnify and hold harmless is given freely, knowingly, and voluntarily. I further understand and acknowledge that by signing this form, I am signing a **legally binding agreement** which I may be waiving certain legal rights to recover compensation or obtain other remedies for injury to property and myself, including death, which I may have in the event that such injury or complication should occur as a proximate result of this waiver of my submission to X-rays, now or at any time in the future. I chose to sign this waiver fully knowing that my health may be jeopardized due to this decision.

Date:

(Patient)

**Consent of Treatment of a Minor**

I hereby authorize (chiropractor and business name) , together with whomever my treating doctor may designate as an appropriate individual(s) to administer chiropractic care, including X-rays, and appropriate adjunctive services as my treating chiropractor deems is necessary to my child. I acknowledge that I have legal authority to provide such written consent on behalf of such child/ward.

Date: Patient (child/ward)

Parent/Legal Guardian Signature

**Acknowledgment of Non-Pregnancy Status**

I hereby expressly acknowledge that I am not pregnant at the present time and that Dr. (chiropractor) and (business name) is hereby expressly authorized and directed to complete a radiographic examination (X-rays) in connection with my chiropractic treatment.

Date:

Patient

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