

INFORMED CONSENT FOR TREATMENT

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures including various modes of massage, physical therapy, on me (or on the patient named below, for whom I'm legally responsible,) by the chiropractic physician and or massage therapist working at this location.

I further understand that such chiropractic services may be performed by the chiropractor, other licensed physicians of chiropractic or massage therapist (for massage,) who may treat me now or in the future at this location. I have had an opportunity to discuss with this chiropractor and or with other volunteer personnel the nature and purpose of chiropractic adjustments and other procedures. I understand that results are not guaranteed and I hold (Chiropractic First Responders, personnel, volunteer chiropractors, volunteer massage therapists or their affiliates,) harmless for any injuries I may sustain during this voluntary treatment.

I understand and am informed that, as in the practice of medicine and all healthcare, the practice of chiropractic carries some risks to treatment; including, but not limited to: fractures, disc injuries, strokes (CVA), dislocations and sprains. I do not expect the physician to be able to anticipate and explain all risks and complications. Further, I wish to rely on the physician to exercise judgment during the course of the procedure which the chiropractor feels are in my best interests at the time, based upon the facts then known.

I have read, or have had read to me the above consent. I have also had an opportunity to ask questions about its contents, and by signing below, I agree to the treatment recommended. I intend this consent for to cover the entire course of treatment for my present condition(s) and for any condition(s) for which I seek treatment here today.


_____ (Participant's Initials) 

I hereby grant Chiropractic First Responders("CFR") the irrevocable right and permission to use photographs and/or video recordings of me on CFR and other websites and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of CFR.

I grant Chiropractic First Responders all right, title, and interest in any and all photographic images and video or audio recordings made by Chiropractic First Responders during the activities, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen years old, that my parent or guardian has signed this release form below. This release is binding on me, all assigns and personal representatives.

 Participant Name: _____ Date: _____

 Participant Signature: _____

*(*For children 18 and under or patients who need assistance filling out this form:)*

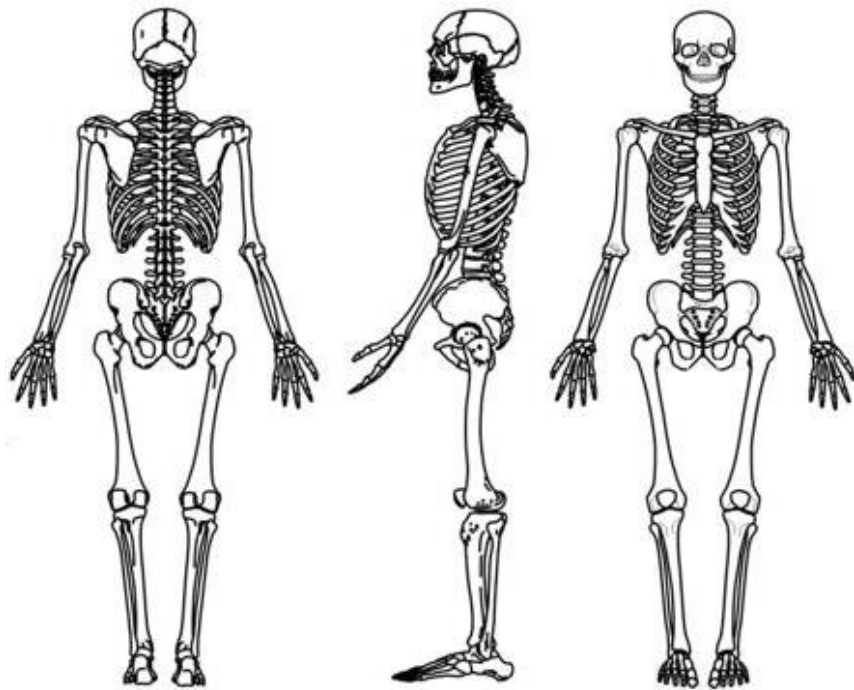
*Participant Rep. Name: _____

*Participant Rep. Signature: _____

Pt. Name: _____ Date: _____ Provider: _____

Brief Patient History:

S: _____
O: _____
A: _____
P: _____



(Provider Signature) _____ Date : _____