



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 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 will carefully read all product packaging and labels, and I understand that if I experience any undesirable side effects for allergic reactions, I should immediately stop consuming the nutritional supplement and I should consult my physician.

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