



LIABILITY AND WAIVER

Release for Em

Patient Name:	Date:
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I understand that chiropractic care is a safe and effective form of treatment for many musculoskeletal conditions, but as with any healthcare procedure, there are risks.

By signing this form, I acknowledge and agree to the following:

I have been informed of the nature of chiropractic treatment and potential risks, which may include temporary soreness, increased discomfort, and, in rare cases, injury to bones, joints, or nerves.

I release and hold harmless **Dr. Stefan Getzik, DC and Getzik Family Chiropractic, LLC** and its chiropractors, staff, and affiliates from any and all liability, claims, or damages arising from my participation in chiropractic care, except in cases of gross negligence or willful misconduct.

I understand that my participation is voluntary and I may stop treatment at any time.

Acknowledgment:

I have read this waiver, fully understand its terms, and sign it voluntarily.

Patient Signature over printed name

Date Signed

Witness Signature over printed name

Date Signed