

ADVANCED CHIROPRACTIC & ALLERGY RELIEF

WAIVER AND RELEASE

I _____ (the "Undersigned"), hereby consent to treatment at the Advanced CHIROPRACTIC & Allergy Relief, LLC (ACAR), 3305 E. Greenway rd. #7, Phoenix, AZ. 85032

I understand that such procedures are non-invasive.

The Clinic and all of its employees assume no responsibility for medical conditions requiring the attention of a medical doctor, or necessary adjustments to prescribed medications during or after the completion of treatments.

I understand the unpredictable nature of allergies and related symptoms and that the clinic cannot guarantee any results. ACAR also cannot guarantee that new allergies will not develop in the future. While ACAR can treat most forms of allergies, some cases do not respond to the treatment.

I also understand that the only known risk factor with allergy desensitization, (including medical immunotherapy or ACAR) is the possibility of increased sensitivity. I assume all responsibility for unpredictable immune reactions which may lead to increased symptomatology. In this event, I agree to seek immediate medical attention.

I understand that the Clinic does not treat cases of anaphylaxis and I agree to fully disclose all information regarding any life-threatening allergies or allergies resulting in anaphylaxis.

No, I do not have any life threatening allergies.

Yes, I have the following allergies that may cause anaphylaxis:

I agree to pay the clinic the standard fee for any and all treatments administered.

IN WITNESS THEREOF, the undersigned executed the Agreement as at

the _____ day of _____ 2009

Signature of Undersigned

Signature of Parent or Legal Guardian