



Acknowledgment and Waiver of Liability

I, _____, hereby certify and agree as follows: I accept full responsibility for my health and voluntarily complete this Acknowledgment and Waiver of Liability. I certify that I am seeking the consultation and treatment services of Dr. Joseph Iuvara for alternative healing suggestions and therapies, which I fully understand are not medical diagnoses or treatments or substitutes for medical diagnoses or treatments. I certify that with respect to any medical conditions or concerns I may have, I have been advised to consult with my personal care physician, and understand that Joseph Iuvara, DC, is not a primary care physician, and I do not view him as my physician. His practice specializes in a natural approach to healing including, but not limited to, nutrition and functional medicine. I understand that Dr. Iuvara does not handle medical conditions or emergencies and does not maintain hospital privileges.

In seeking to become a client of Dr. Iuvara, I understand I am seeking analyses and/or therapies that may not be FDA registered or approved and may not be offered by other practicing physicians (allopathic or otherwise) and which may be considered experimental. These include, but are not limited to Nutrition and Nutraceuticals, Functional Medicine and Live Blood Analysis.

I understand and agree that neither Dr. Iuvara nor Beecher Chiropractic & Wellness make any claims whatsoever, expressed or implied, regarding effects or outcomes of the analyses or therapies provided, and shall not be liable for same. I certify that I seek the advice and treatment of Dr. Iuvara solely in my personal capacity, and do not represent any governmental agency, law firm, attorney, or investigator. I am not involved in a lawsuit nor am I gathering information for a potential lawsuit. I understand and agree on behalf of myself, my dependents, heirs, administrators, legal representatives, and assigns, to release and hold harmless Dr. Joseph Iuvara and any and all associates, employees, agents and representatives thereof, from any and all liability for illness, injuries, or death, and for any losses or damages relating thereto, however occurring, in relation to my consultation with and/or treatment by Dr. Joseph Iuvara. Without limitation, I understand and agree that neither Dr. Joseph Iuvara, nor any associates, employees, agents or representatives thereof, is liable for any direct, indirect, consequential, or incidental damage, injury, death, loss, delay, or inconvenience of any kind which may be occasioned by reason of any act or omission, including, without limitation, any willful or negligent act or failure to act, or breach of contract. My signature below indicates that I have carefully read and reviewed this Acknowledgment and Waiver of Liability, and I fully understand all of its terms and conditions.

ACCEPTED AND AGREED: Client's Signature _____

Client's Name (printed)_____. Date _____

Witness' Signature_____

Witness' Name (printed)_____. Date _____