

# MEDICAL RELEASE FOR CARE

I understand that care at Crested Butte Sports Chiropractic is done with my best interests in mind. With all physiotherapy and chiropractic care types, **there is a risk** of bruising, swelling, and aches that accompany the breaking up of scar tissue in muscles, soft tissue, and joints. It is common to feel sore after such procedures for a few days. There are rare risks associated with such care including tape and adhesive spray allergies, lotion allergies, and the symptoms associated with **blood clotting disorders, collagen disorders, and/or bone weakening disorders**. Please notify the staff if such disorders exist or if you have had bad responses to such care in the past. Care at this clinic for muscular, joint, or sports medicine reasons might cause irritation of current or prior injuries. Without the ability to do x-ray or advanced diagnostic studies on site, your signature is an acknowledgement that our staff does the best they can in any pain related situation. As the patient/athlete in this situation, you acknowledge and **release Dr. Lisa Brin DC, and Crested Butte Sports Chiropractic from any side effects or negative symptoms associated with care.**

I understand that this massage is for basic body maintenance and the removal of tight muscle tone or adhesions and that it is not to be used instead of the emergency room or your general practitioner.

As a patient engaging in this relationship with the provider(s) at this clinic (mobile or in-office), I agree that I am willing to forgo these risks and agree to not sue providers or Crested Butte Sports Chiropractic for any side effects or malpractice worries. **If you feel that you might have an issue with care, please discuss it with us immediately before beginning care with us.**

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_