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*"Achieving maximum output"*



Chiropractic Sports Institute  
A Professional Corporation

Dr. Terry Weyman, D.C., C.C.S.P.®  
Dr. Heather White, D.C.

## **NON-SURGICAL SPINAL DECOMPRESSION PARTICIPATION RELEASE**

During the course of your treatment, the doctor may prescribe Non-Surgical Spinal Decompression. DTS Spinal Decompression Therapy is a leading non-surgical alternative for disc related syndromes of the lumbar and cervical spine.

I, the undersigned, have volunteered to participate in a non-surgical spinal decompression program. I have been or will be examined by a physician of my choice for clearance to participate in the non-surgical spinal decompression program.

I understand that during the course of participating in the non-surgical spinal decompression program, I may experience physiological changes. I agree to inform the medical staff of any changes that may occur and/or if I experience any changes in my physical condition which might in any way affect my ability to participate in the non-surgical spinal decompression program.

I agree that the physician and staff shall not be liable or responsible for any injuries to me resulting from my participation in the non-surgical spinal decompression program. I release and discharge the assigns which I may have or claim to have against the non-surgical spinal decompression program and/or its officers, directors, employees, agents, or assigns, for all injuries or other damages which may occur in connection with my participation upon my heirs, executors, administrators and assigns.

I have read this release and understand all its items. I execute it voluntarily and with full knowledge of its significance.

Your below signature acknowledges both the above and that Chiropractic Sports Institute does not bill my health insurance for decompression charges and/or packages. Nevertheless, I have elected to seek medical treatment at Chiropractic Sports Institute and will be personally financially responsible for the payment of any services rendered.

Printed Name: \_\_\_\_\_

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

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**CHIROPRACTIC SPORTS INSTITUTE, A PROFESSIONAL CORPORATION**

2277 Townsgate Road, Suite 101,  
Westlake Village Ca, 91361  
805.371.0737 Fax: 805.371.0735  
www.GotCSI.com