



Northern Lights Chiropractic
Terms of Acceptance



The Practice of Chiropractic in this office consists of:

1. Analysis of the spine for the purpose of locating **vertebral subluxations** (spinal misalignments causing nerve interference).
2. Adjustments of the spine for the purpose of correcting **vertebral subluxations**.
3. Education and encouragement of our practice members to become aware of and responsible for their well-being.
4. Empowerment of our practice members regarding the inherent healing capabilities of the human body.

It is clearly understood that there is no promise or offer of any kind on the part of Northern Lights Chiropractic to treat any symptom, condition or disease. Regardless of what the disease is called, we do not offer to treat it. Our only practice objective is to eliminate interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

I understand the care provided at Northern Lights Chiropractic, as outlined in this "Terms of Acceptance".

Signed: _____

Witness: _____

Date: _____

If person is a minor, print name _____

I, _____ being the parent or legal guardian of the aforementioned child, have read and fully understand the above terms of acceptance for my child.

