



Innergy, LLC
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Philosophical agreement

Innergy, LLC exists to make a positive contribution to people's lives and to our community by assisting individuals in a greater expression of life. Life is the essence of what sustains us from the moment of conception until our last breath. Life creates, recreates, adapts, and allows for well being and healing.

As part of daily living, we are exposed to many stresses: physical, mental, emotional, or chemical. When we are unable to adapt to these stresses, tension, torsion, or misalignment of the structures of the spinal column occur. This causes interference to the delicate communication between our nerve system and our other body system including musculo-skeletal, immune, respiratory, cardiovascular, digestive, and many others.

Chiropractic adjustments allow your body to release the stored tension along your spine, called subluxation, facilitating a free flow of vital information essential for all human functions, including body functions, emotions, creativity, performance, and spiritual expression. You may experience changes in many areas of your life--physical, emotional or spiritual from the release of subluxations. In some people, these changes are rapid and dramatic. In others, they may be subtle. At some level, everyone benefits from the release of subluxations.

Chiropractic care specializes in the restoration and expression of life. It is not a form of medicine. Medicine specializes in the treatment of disease. It is not my goal or intention to diagnose, treat, or attempt to cure any physical, mental or emotional ailments, or to give advice about medical conditions. If you become concerned about symptoms or disease I suggest you seek the services of a symptom- and disease-care professional.

My objective is simple: to correct subluxations allowing you maximum expression of life.

I, _____ have read and fully understand the above statements. I therefore accept chiropractic care on this basis.

 (signature)

If a minor, print child's name _____

I, as the parent or legal guardian, have read and fully understand the above statements and hereby grant permission for my child to receive chiropractic care.

 (signature of guardian)