

**PREGNANCY WAIVER**

I hereby acknowledge that Dr. Kelsey Jones of Kerr County Chiropractic Center has informed me prior to being x-rayed of the advisability of risk and the probable consequences of receiving x-rays during pregnancy. I have stated on my own violation that I was not pregnant at the time and do hereby release and hold harmless from any legal action or responsibility caused by the use of this procedure.

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signature of Patient/Authorized Representative of Patient

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date