

# Authorization

I hereby authorize \_\_\_\_\_ to perform the free test using the innovative NRCT™ (Neurologic Relief Centers Technique), a non-invasive orthopedic test. Our test usually relieves a percentage of your symptoms that may last minutes, hours, or even days. Although we have never had an issue with this test in the past, there is always a possibility for complications. I release \_\_\_\_\_ of any liability for any complications that might arise. I also agree to let Neurologic Relief Centers, LLC use any video or photographic material I may appear in, in any way they see fit to further research and awareness.

Sign  
 Name: \_\_\_\_\_  
 Print  
 Name: \_\_\_\_\_

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

<b>Internal Use Only</b>	Level 1-10 (10 Worst)
Symptoms Before Test	
Symptoms After Test	
Other Misc. Notes	
	Seminar
	Date
	Coordinator

CHIROPTIC ASSOCIATES  
 OF CALIFORNIA  
 1234567890  
 0123456789