

Medical Waiver and Release of Liability

*...for people purchasing SlimDown! HCG Formula from
from Cirio Chiropractic & Wellness, LLC, who are not
patients of Dr. A.I. Cirio and Cirio Chiropractic & Wellness, LLC:*

Dr. A.I. Cirio, at Cirio Chiropractic & Wellness, LLC, has extensive knowledge of Human Chorionic Gonadotropin and how it works in the human body. However, if you are not a patient of Dr. A.I. Cirio and Cirio Chiropractic & Wellness, LLC, but wish to use the homeopathic HCG, it is your responsibility to check with your personal physician, primary care facilitator, or MD regarding the personal use of homeopathic HCG. We, at Cirio Chiropractic & Wellness, LLC, advise you to check with your personal physician before starting this or any weight reduction program. Dr. A.I. Cirio and Cirio Chiropractic & Wellness, LLC cannot be held responsible for lack of education regarding the use of homeopathic HCG. We encourage you to research the use of this hormone and its possible affects on your individual health. If you have any concerns regarding the use of homeopathic HCG, we encourage you seek the advice of your primary care physician.

Cirio Chiropractic & Wellness, LLC acknowledges Dr. ATW Simeon's research in the use of HCG and recommends following his protocol as described by him in his original manuscript only after you seek the advice of your primary care physician regarding the diet portion of Dr. Simeon's protocol. Only you and your doctor are familiar with your personal health and any physical issues that may arise as a result of following Dr. Simeon's protocol. Dr. A.I. Cirio and Cirio Chiropractic & Wellness, LLC cannot be held responsible for any health related problems that arise by following Dr. Simeon's protocol. Dr. Simeon's original manuscript outlines health concerns during the treatment and you are advised to research his material and address these concerns with your doctor.

By signing here, you agree to not hold Dr. A.I. Cirio or Cirio Chiropractic & Wellness, LLC responsible for any health related issues as a result of taking homeopathic HCG.

_____ Date: ____/____/____
Signature

Name: _____

Address: _____

City: _____

Phone: _____

Home / Work / Cell