



Terms and Conditions For Participating
in “Hands For Heroes – FREE Chiropractic Care
for Gulf and Afghanistan Veterans”

As a Participating Veteran from Afghanistan or Iraq/The Gulf War

1. The “Hands for Heroes” initiative applies to serving and retired military veterans from The Gulf War 1990-1991, Iraq Operations 2003-2009 and the Afghanistan Operations 2001- present. Whilst it is understood that other servicemen have made huge sacrifices - care given to any veterans from other operations and conflicts is currently outside the scope of this scheme and is solely at the discretion of individual practitioners.
2. Free care is provided at the complete discretion of the chiropractor who reserves the right to with-draw or refuse care at any time without giving notice or reason.
3. Documentary evidence of military service in Afghanistan or Iraq must be provided in the form of an official Service Report. The chiropractor providing care reserves the right to refuse free care if there is any doubt as to the legitimacy of the claim.
4. “Hands for Heroes” is an organised outreach providing free care for veterans from the Gulf and Afghanistan conflicts from the beginning of care to the first progress exam. This is typically 12 visits but may be between 10 and 14 visits depending on the protocol of the practice. The value of care donated by chiropractic offices is typically between £350 - £600 per person.
5. Your health is valuable as is the time and resource of the “Hands For Heroes” practitioner you choose. A £50 DEPOSIT IS REQUIRED at the start of care which is fully refundable once recommended care is completed. The deposit is retained if the participant fails to turn up for scheduled appointments during the recommended period on **2 separate occasions** WITHOUT giving **at least 24 hour notice to reschedule or cancel the appointment.**
6. Once the free care period has expired there is no obligation to remain with the practitioner unless you chose to.
7. If a veteran decides during the care period to cease care then they may do so by informing the chiropractor verbally or in writing and provided the conditions of para 5 have not been breached, then a full refund of the deposit will be given.

I understand these terms and conditions and I have retained a copy for my records

Name: (print) _____ Signature: _____

Date: _____