



CROCKETT'S WELLNESS CORNER

I understand that the attending practitioner is not an allopathic doctor (MD) and does not portray herself to be but is providing biofeedback and wellness services. I understand that the services provided identify energetic imbalances. Procedures utilized include stress reduction, pain management, circulation support, along with nutritional wellness. I understand that biofeedback devices are not intended to diagnose, treat, cure or prevent any medical or psychological condition, disease or disorder.

I understand the attending practitioner does not offer allopathic drugs, surgery, chemical stimulants, or any other conventional treatments. In addition, the practitioner does not diagnose, treat, or otherwise prescribe for my disease conditions or illnesses, or change any treatment plans prescribed for me by my established medical provider.

I have solicited the attending providers' services in good faith, exercising my free will and following the dictates of my own conscious which allows me to select what I understand is most beneficial to my health.

I am fully aware and release the practitioner to do biofeedback testing, wellness consultations, light therapy, pain management therapies, and other stress reduction protocols. The staff at Crocketts' Wellness respect your privacy and will maintain your sessions results under strict confidentiality.

I release the Practitioner from any liability whatsoever regarding my sessions. I take full and total responsibility for my health, and I realize that success depends upon commitment to improving the health.

By signing below, I acknowledge that I have read and understand all parts of the waiver, that I had the opportunity to ask any questions with regard to the described procedures, and that I hereby affirm I am not here for medical diagnostic or treatment procedures, and I am here on this and any subsequent visit solely on my own behalf.

Signature of Client

Date