

## ***Health & Wellness Consultation Waiver Form for AO scan***

Please initial each statement, indicating that you have read, understood, and agree with them:

\_\_\_\_\_ ☐ I fully understand that the attending technician is not an allopathic practitioner (MD) and does not portray herself to be one, however is a certified health coach/consultant and independent AO scan user/technician.

\_\_\_\_\_ ☐ I fully understand that the attending technician performs her services within the parameters of a natural health care and wellness system using the AO scan and stress reduction.

\_\_\_\_\_ ☐ I fully understand that the attending technician does not offer or prescribe allopathic drugs, chemical stimulants or any other conventional treatments. In addition, she doesn't diagnose, treat or cure or otherwise prescribe for any disease, condition, or illness

\_\_\_\_\_ ☐ I understand that the FDA has not evaluated these statements. This product is not intended to diagnose, treat, cure or prevent any disease.

\_\_\_\_\_ ☐ I understand that payment is due at the time of service, unless otherwise arranged prior to my session.

\_\_\_\_\_ ☐ By signing below I acknowledge that I have read and understand all parts of this waiver and that I have had the opportunity to ask questions with regard to all such procedures.

\_\_\_\_\_ ☐ With the acceptance of this consent Agreement, I hereby waive and release myself and my heirs, executors and administrators from any and all claims of any nature whatsoever and do acknowledge that I will use the services provided at my own risk.

\_\_\_\_\_  
Print your name here

\_\_\_\_\_  
Date

\_\_\_\_\_  
AO Technician