*Your Path Forward*

*810-584-5241*

*yourpathforwardholistics@gmail.com*

**Wellness and/or Energy Therapy**

1. I fully understand that the attending practitioners are not allopathic doctors and do not portray themselves to be, but are wellness consultants and/or Biofeedback practitioners.

2. I fully understand that the difference between the practice of allopathic medicine, holistic practitioners, and energetic and Biofeedback consultants.

3. I fully understand that the services provided by the attending practitioner is not allopathic, but strictly energetic or Biofeedback in nature.

4. I fully understand that the attending practitioner performs their services within the parameters of natural health care and wellness using Biofeedback and stress reduction or other energy therapies.

5. I fully understand that the attending practitioner does not offer allopathic drugs, surgery, chemical stimulants, radiation therapy or any other conventional treatments. In addition, **he/she does not diagnose, treat or otherwise prescribe for my disease, conditions or illness.**

6. I fully understand that my energy and stress parameters are being measured.

7. I presently seek counsel, advice, opinions related to energetic balancing, stress management or Biofeedback within the scope of attending practitioner’s wellness and stress reduction practice. I am fully aware and release the energy practitioner to do Biofeedback and/or energy assessments.

8. I fully understand that the services provided by the attending practitioner are in the emerging field of energetic medicine, and may not be understood by all allopathic practitioners.

9. I fully understand that I am solely responsible for my individual actions and decisions I make once I enter and leave the facility.

10. By signing below I acknowledge that I have read and understand all parts of this waiver and that I have the opportunity to ask any questions with regard to any services or therapies offered.

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

Practitioner: Mary Reese Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Path Forward, NES Health, and NES Health products do not cure, prevent or treat disease. If you have a medical condition or concern, please consult the appropriate healthcare professional.

Your Path Forward, NES and its claims have not been evaluated by any government agency or regulatory organization.