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The L.I.F.E. System Client Waiver

I, _____ the undersigned, hereby give my consent and specifically request that I receive biofeedback through the L.I.F.E. System.

_____ (initial) I am not pregnant. (Females only)

_____ (initial) I do not have a pacemaker or any other electronic implants and have never had an organ transplant.

I understand that biofeedback is not intended to do anything more than reduce stress and/or create a sense of well-being and that it is not intended to diagnose, treat, cure, prescribe or prevent any medical condition or disease. Your practitioner, Jeremy R. Werner, L.Ac., CST, does not claim to cure any condition and does not prescribe for or treat any medical condition or disease outside of his acupuncture scope of practice.

I have been advised to consult my physician before receiving biofeedback sessions, and I have either done so or knowingly choose to receive biofeedback without consulting my physician. I have also been advised to consult my physician for all questions and issues of a medical nature outside the scope of acupuncture.

I have read and understood this release and knowingly and voluntarily execute it on the date indicated below.

Client Signature: _____

Client Name (printed): _____

Today's date: _____

Client's Birth Data: Date _____ Time _____ Place _____