



Wellness Consultation Waiver for Detoxification Footbath

- 1.** I fully understand that the attending technician is not an allopathic practitioner (MD) and does not portray his/her self to be one, but is a wellness consultant and BEFE (Bio Electric Field Enhancement) technician.
- 2.** I fully understand the difference between the practice of allopathic (conventional) medicine, nutritional wellness consulting, and BEFE.
- 3.** I fully understand that the services provided by the attending technician are not allopathic, but are strictly bio electric in nature.
- 4.** Any reference to patient within this therapy is solely due to technical terminology and in no way implies that the client is a medical patient.
- 5.** I fully understand that the attending technician performs his/her services within the parameters of a natural health care and wellness system using BEFE and stress reduction.
- 6.** I fully understand that the attending technician 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 any disease, condition, or illness.
- 7.** I have solicited the attending BEFE technician's service 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.
- 8.** If I desire any services not provided by the attending BEFE technician, which is my prerogative, I fully understand that I should seek them elsewhere. A referral for such services can be arranged.
- 9.** I presently seek council, advice, opinions, BEFE or points of view and/or programs within the scope of the attending technician's wellness and stress reduction practice. I am fully aware and release the BEFE technician to do BEFE sessions.
- 10.** I fully understand that the services provided by the attending technician are not generally accepted and/or recommended by allopathic doctors (MD's) or other conventional health care professionals. I realize that insurance payment may be possible, but is highly unlikely.

11. I understand that payment is expected at the time of service, unless otherwise arranged prior to my session.
12. 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.
13. The Food and Drug Administration has not evaluated these statements. This product is not intended to diagnose, treat, cure or prevent any disease.
14. I understand that this document will be filed in my records and will apply to my initial session as well as all additional sessions.
15. I further affirm that I am not acting in any capacity other than a natural person desiring a BEFE session. I further affirm that I am not acting as an agent for the American Medical Association or any National, State or Local Medical Association or healing arts group. I further state that I am not an employee of, agent for, or in any way associated with a Foreign, Federal, State, or Local Entity and am acting solely for myself in requesting and taking part in this session or series of sessions. I further affirm that this session will not be used as an entrapment for any government, association, organization or given individual.
16. 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 what so ever and do acknowledge that I will use the services provided at my own risk. I confirm that I have given accurate directions and that I am of legal age in this jurisdiction.

 Printed Name

Signature	Date
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Guardian Printed Name	Guardian Relationship
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Witness / Consultant	Date
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 Balancing Your Health
 Tanya L. Mims, RN