Client Waiver Form

Please take a moment to read and initial the following information:

— I understand that Colonics, NAET, Foot Baths, and all adjunct therapies are for stress reduction, relaxation, relief from muscular tension, improvement of circulation (and energy flow), and to balance the immune system.

— If I experience pain or discomfort during any session, I will immediately inform the therapist so that the therapy can be adjusted to my level of comfort. I will not hold my therapist(s) responsible for any pain or discomfort I experience during or after the session.

— I understand that the services offered today are not a substitute for traditional medical care.

— I affirm that I have notified my therapist(s) of all known medical conditions and injuries.

— I agree to inform the therapist(s) of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.

— I understand that all therapies at Allergy & Health Solutions Center are entirely therapeutic and nonsexual in nature.

— By signing this release, I hereby waive and release my therapist(s) from any and all liability, past, present, and future relating to Colonics, NAET, Foot Baths, and all adjunct therapies.

Cancellation/Late Policies

If you are unable to make your appointment, please notify us as soon as possible. We require 24-hour notice for all appointment cancellations. Our services at Allergy and Health Solutions Center can best be described as low volume and high quality. We schedule our clients to receive maximum care with minimum waiting. **We charge IN FULL for missed appointments**. This policy is necessary to maintain the high professional standards we practice and to keep our prices down. Multiple no call/no show appointments may have additional stipulations to reoccurring appointments. **If you plan on being more than 15 minutes late for an appointment**, your appointment may need to be rescheduled. This is to ensure that clients who arrive on time do not wait longer than necessary to see the therapist(s). You may be given the option to wait for another appointment time on the same day if one is available. We value your time and ask that you value our time. If you have any questions or concerns, feel free to call our office.

I have read and understand the above policies, and I agree to honor and adhere to them.

Name (print)_____ **Date**_____

Signature_____