

BEAUTIFUL HEALING JOURNEY

RHONDA S. LARSON, LLC

Naturopathic Practitioner

I, the undersigned client, understand diet and nutrition is considered an inexact science and that the results obtained are not always constant or predictable. I, as the client, also realize that Rhonda S. Larson, LLC, does not diagnose, treat, or cure any condition or disease. The dietary and nutritional recommendations that are advised are not prescribed. I, the client, understand that Rhonda S. Larson, LLC, is not attempting to portray herself or conduct the activities of a medical doctor. I, release Rhonda S. Larson, LLC, and the various supplement manufacturers from any adverse effects that I, the client, may incur by the use of nutritional supplementation and/or nutritional or detoxification recommendations and guidance. Whether I, the client, am participating in nutritional counseling or guidance, is my decision, based on my constitutional right of the Ninth Amendment. I, the client, am making all decisions relative to my own health and well-being.

This form will be considered to be in force for the initial consultation and all subsequent consultations.

X \_\_\_\_\_

Client Printed Name

X \_\_\_\_\_

Client Signature

X \_\_\_\_\_

Date