

Assumption of Risk and Release of Liability

I hereby acknowledge and agree:

1. The purpose of all services of Studio 88 Wellness and Dr. Theresa Astrea, including, but not limited to: Functional Nutrition counselling, Medical Intuitive Remote Coaching, Cranio Sacral Therapy, Dimensional-Neurology Myofascial Release, Near-Infrared Therapy, Spiritual Counseling, Quantum Energy Healing, etc, is to improve the overall healing, vitality, and well-being of the body through nutritional education and the use of natural foods and non-medicinal nutritional supplements. Natural Wayz LLC & Dr. **Theresa Astrea**, does not diagnose diseases, disorders, or conditions and does not practice medicine.
2. Dr. **Theresa Astrea**, she is a licensed Chiropractor, Spiritual Counselor, and Functional Wellness Consultant and is not a licensed Dietitian, Naturopathic Doctor or Medical Physician.
3. As part of all counseling or coaching services of Natural Wayz LLC & Dr. **Theresa Astrea**, I may be asked to provide information concerning my physical habits, medical history, moods, energy levels, likes and dislikes, lifestyle and diet. This information is collected to enable the Dr. Theresa Astrea to: (i) assess my knowledge of nutrition, (ii) educate me about the benefits of sound nutritional practices and (iii) recommend dietary changes to improve my general health, vitality and overall well-being. Dr. Theresa Astrea will hold appropriate information in confidence and will not release or disclose this information to any other person, without my prior consent, except as required by applicable law, policy, or consent.
4. If Dr. Theresa Astrea, suspects the existence of disease, disorder or condition, I will be informed of this suspicion. However, I acknowledge this is not a diagnosis or conclusion about the state of my health and that I am directed to promptly consult a licensed Physician or Naturopath about any suspected problems.
5. Although I recognize that Natural Wayz LLC & Dr. **Theresa Astrea teach people and do not treat people, diseases, or symptoms**, should I request Natural Wayz LLC & Dr. **Theresa Astrea**, to recommend dietary changes and/or nutritional supplements to enhance my body's natural ability to resist and/or overcome a known disease, disorder or condition, it is my responsibility to disclose the nature of the disease, disorder or condition and all other relevant details to Natural Wayz LLC & Dr. **Theresa Astrea**. If I have not previously consulted a licensed Physician or Naturopath about this disease, disorder or condition, I acknowledge that I am directed to promptly do so. I am not to alter or discontinue treatments prescribed by a licensed Naturopath, Physician or other licensed health professional without consulting the individual who prescribed the treatment.
6. In providing services to me, Natural Wayz LLC & Dr. **Theresa Astrea**, is relying upon the truth, accuracy and completeness of all information I have provided to her. Any recommendations I follow for changes in diet, including the use of nutritional supplements, are entirely my responsibility.
7. Natural Wayz LLC & Dr. **Theresa Astrea** is in no way liable for my health or safety.

8. In consideration of my participation in any and all **services of Natural Wayz LLC & Dr. Theresa Astrea**, I hereby accept all risk to my health, including injury or death that may result from such participation and I hereby release the Natural Wayz LLC & Dr. **Theresa Astrea**, on my behalf and on behalf of my personal representatives, estate, heirs, next of kin, and assigns from any and all costs, claims, causes of action and damages arising from any and all illness or injury to my person, including my death, that may result from or occur as a result of my participation in the **services of Natural Wayz LLC & Dr. Theresa Astrea**, whether caused by negligence or otherwise.
9. I understand that any therapies I undertake at **Natural Wayz LLC** are undertaken of my own free will. I accept that the ultimate responsibility for my health care is my own and that **Natural Wayz LLC & Dr. Theresa Astrea** is here to support me in this. I understand that my practitioner reserves the right to determine which cases fall outside their scope of practice, in which event an appropriate referral will be recommended. I hereby agree to assume full responsibility for any manner of loss, injury, claim or damage whatsoever, known or unknown, incurred as a result of same and I, my heirs, executors, administrators or assigns for any loss, injury, claim or damage sustained as a result of my attendance and/or participation. I have read the above release and waiver of liability, and fully understand its contents and voluntarily agree to the terms and conditions stated.

Client Signature
I HAVE CAREFULLY READ THIS AGREEMENT AND AGREE TO THE TERMS OUTLINED ABOVE. I UNDERSTAND THIS AGREEMENT TO BE A FULL AND FINAL RELEASE OF ALL COSTS, CLAIMS, CAUSES OF ACTION AND DAMAGES OF ANY KIND ARISING FROM OR IN CONNECTION WITH ANY & ALL SERVICES OF Studio 88 Wellness LLC & Dr. **Theresa Astrea**

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Print name:

Date: