

Disclaimer Form

(Please note that all references to “you,” and “your” refer to Ana McCardell, an individual.)

I (the undersigned) understand that the services you provide represent a non-medical approach to wellness. By engaging your services, I understand that you may provide guidance on diet, lifestyle, and supplementation; that **these are not medical services; and that this is not an emergency or mental counseling service.**

I understand that you are **not a licensed physician** and that you are only acting as a consultant and facilitator. I take full responsibility for any health protocol I choose to pursue, including the extent to which I do or do not follow such protocols, and agree to hold you harmless in regards to my (or those I represent) health experiences.

I understand that you make **NO ATTEMPT to diagnose, prescribe, prevent, or treat any medical disease**, but only to provide support for the body to improve and maintain itself. I also understand that consultations are based in part on the information I provide about myself, and therefore certify that all information provided about my health conditions and lifestyle (or about those I represent) is accurate to the best of my knowledge.

I acknowledge that you are hereby encouraging me to visit my physician for medical emergencies; acute viral, bacterial, or other physical/biochemical diseases; and any other condition that requires medical attention.

Finally, I confirm that I am at least 18 years of age, or am the parent or legal guardian of the client (named below) receiving your services and am answering this form on his or her behalf. I am fully competent to make my own health care decisions or to make such decisions on behalf of the client for whom I am signing.

I have read and understood this “Disclaimer Form.”

Client Name (Printed)

Client or Parent / Legal Guardian Signature

Date