

Jacksons Wellness and Nutrition

Contract of Services / Wellness Evaluation Authorization / Application / Waiver

I, _____, hereby apply to be accepted as a student of "Holistic Lifestyle" at Jacksons Wellness and Nutrition. As a student at Jacksons Wellness and Nutrition, I understand I will be offered instruction in holistic living, perspective and setting attainable goals to work toward my intention. I understand that all staff and personnel of Jacksons Wellness and Nutrition, included by not limited to Sharon Jackson, are holistic teachers and fellow students of holistic lifestyle and the pursuit of achieving true happiness from within. I fully understand that the attending consultants are not allopathic doctors (M.D.) and do not pretend to be, but are Holistic Consultants providing services that are not allopathic, but are within the parameters of naturopathy and holistic philosophy. In a session any and all recommendations, relative to employing the use of natural remedies, stress reduction methods, nutritional changes, liquids, solids, gases and any and all other modalities, are made to balance the energy meridians and enhance wellness. I accept the fact and agree that the learning process I am hereby applying into is not equivalent to diagnosing, prognosticating or prescribing of treatment for any disease of health condition. Initials: _____

I presently seek consultation, recommendations/suggestion, perspective and/or programs, tests, evaluation and/or products within the scope of the attending wellness consultants based on principles of energetic health and have solicited the services of Jacksons Wellness and Nutrition in good faith, exercising all my rights guaranteed by the Constitution of the United States of America. I declare that I am exercising my own free will, and following the thoughts of my own conscience, to make contracts which allow me to select what I understand is most beneficial to my health. On the same token, I acknowledge that I am not obligated to continue utilizing the services of Jacksons Wellness and Nutrition and may discontinue my status as a student at any time. I further understand that Jacksons Wellness and Nutrition may also, for any reason, at anytime, refuse to teach or further associate with me as a student. Initials: _____

I hereby declare that with this application I am freely and knowingly expressing my sincere desire to be fully responsible for my own health and physical well being. I declare that I am a person who seeks to study and understand life in general more fully so I may make the best decisions for my health and future. I also understand that Jacksons Wellness and Nutrition at no time offers guarantees of any health or well being outcomes as a result of any instruction or test at Jacksons Wellness and Nutrition. While many believe that by learning holistic living and applying concepts of naturopathic principles can result in greater and more consistent positive changes toward better health and feeling of well being, there is no guarantee that any results will occur. Initials: _____

Pursuant to the decisions that I, in the future, may make as a result of learning acquired as a result of my association with Jacksons Well and Nutrition and my involvement as a student; I agree to indemnify, protect, save and hold harmless Jacksons Wellness and Nutrition from any and all liability pursuant to any and all outcomes that may arise either to myself or to any minor and/or incompetent for whom I am legally claiming responsibility and hereby charge my heirs to honor this agreement. I further acknowledge and hereby agree to take full and complete responsibility for all my actions when applying anything that I may come to learn, know or assume to understand as a result of my association with anyone who I come in contact with in and/or around my activities and involvement with Jacksons Wellness and Nutrition. Initials: _____

I hereby acknowledge that the methods of testing at Jacksons Wellness and Nutrition are not medical in nature and that I do not desire to use them in any way to treat or diagnose any disease. I fully understand that the attending consultant is not diagnosing or treating any illness or disease, but is only measuring the energetic

balance and overall stress responses of the body, and that these services may not be generally accepted and/or recommended by allopathic physicians or other health professionals. I hereby acknowledge that Jacksons Wellness and Nutrition, as a philosophy, belief and fundamental policy, has made it clear to me that if I currently have, or in the future should develop any condition or disease, that I should seek the counsel and advice of competent, qualified individuals which may include allopathic doctors, surgeons and other members of medical disciplines, who are experts in diagnosing and prescribing medical outcomes. Jackson Wellness and Nutrition has made it clear to me that it is not their intention at any time to encourage me or any other person to discontinue the use of any medication I may currently be using, nor will I ever be instructed or encouraged to disregard the advice of other medical authorities including allopathic medical doctors.

Initials: _____

I hereby agree that I will be financially responsible for the teaching, testing, consultation and participation in all modalities that I participate in or that I otherwise receive at Jacksons Wellness and Nutrition. I agree that I will give a minimum of 24 hours notice before the cancellation of any class or private consultations. I will be financially responsible for missed appointments (otherwise known as "no shows"). I also understand that there are "no refunds" of any kind, such as services, classes and supplements.

Initials: _____

I, _____, declare that I do not now, nor have I ever, participated in any investigative way, in conjunction with or in cooperation with, any city, county, state or federal government agency or any other human entities; for any purposes of entrapment or investigation purposes directed at or involved any individuals, persons or entities who are involved with health, medical or other matters.

Initials: _____

I have read and fully understand the above information. All questions that may have arisen as a result of reading this document have been answered to my satisfaction. Furthermore, for the purpose of advancing the field of Holistic Wellness, I consent to the discreet use of the results of my personal involvement with Jacksons Wellness and Nutrition, including tests, surveys, questionnaires and other studies to be used for further research. I am willing to declare and repeat under oath all of the above statements on request. Initials:

PRINT FULL NAME: _____

SIGNATURE: _____

(Student 18 years old or older or parent/guardian of minor child)

ADDRESS: _____

(Including, city, state and zip code)

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ E-MAIL: _____

DATE OF BIRTH: _____ SEX: (M/F) _____

HISTORY OF SEIZURES: (Y/N) _____ HAVE A HEART PACE MAKER OR STINTS: (Y/N) _____