**Consultation Disclosure**

This consultation and any information provided by Consultant to Client is purely for general educational purposes only. The Client hereby understands and agrees that any recommendations that may be received now or in the future from Consultant are based completely on the Consultant’s personal research, education and opinion and should not be relied on in any manner other than to increase Client’s self-awareness to promote and encourage Client to make healthier decisions in their own life.

Client is free to consider and voluntarily accept or reject any recommendation in making their own independent decisions. Client hereby understands that any consultation and any assessment or information provided by Consultant shall merely allow the client to choose which, if any, recommended product or opinion is the correct product for them to use and/or apply or make any changes to their lifestyle.

Client expressly understands and agrees that no guarantee is made with any of Consultants recommendations and individual results will vary.

Client hereby understands and agrees that Client is the only person responsible for their own health and welfare.

Client hereby understands that Consultant is not a licensed physician or licensed health care provider and makes absolutely no medical diagnosis and/or medical treatment recommendations or guarantee that any product or opinion can cure any medical condition. Client understands and agrees that there is absolutely no substitute for proper medical examination, diagnosis and treatment, and that Client should see a physician or other licensed primary health care provider for any physical or mental ailment or complaint that Client may have.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Signature

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Client Printed Name

**Waiver and Release of Liability**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge MIRINDA BUXTON, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events, activities or Consultations conducted by, MIRINDA BUXTON, or for the benefit of, myself, my family and those that I’m legally responsible for, provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

By this Waiver, I assume any and all risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with my involvement and all those that I’m legally responsible for, including but not limited to receiving Consultations, using the facility if any and/or its equipment, engaging in related activities on and off the premises. My decision to participate in person shall be considered an express waiver of all risk including that associated with airborne disease and viruses including COVID-19 and any viral mutation thereof.

This WAIVER AND RELEASE contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties. New information or best practices by the PA Department of Health or the Center for Disease Control (CDC) may require a new waiver be signed at a future time if MIRINDA BUXTON believes it to be necessary and may be a condition of receiving future in person consultation.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of MIRINDA BUXTON, whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Signature

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Client Printed Name