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***Quantum-Touch Standard Disclaimer Agreement***

This Standard Disclaimer Agreement (hereinafter the “Disclaimer”) is intended to release, *Quantum-Touch Practitioner/Instructor, Carol Wetherill.* (hereinafter “ Carol”), from being held responsible and liable for any consultations, recommendations, or therapies hereby given to or received by the client signed below (hereinafter the “Client”).

Client further confirms that although Quantum-Touch is highly effective in promoting

maximum health and healing through alternative holistic means it **may not be**

**sufficient intervention** for some health-related issues or concerns. **Quantum-Touch**

**is not intended to be a substitute or replacement for qualified medical advice,**

**diagnosis, or treatment.** Client confirms that any suggestions, ideas, therapies, etc.

accepted from , shall be done so at his/her own free will, accepting all responsibilities regardless of results, and releasing from any intent of wrongful doing whatsoever.

**Client Statement:**

I, as Client, hereby agree I shall not hold liable or responsible in any way for my health condition, past, present, or future, and that any modalities, or therapies that I hereby consent to present to me, I accept on my own decision. I shall now and always take full responsibility for my decision, regardless of the results. Further, I am mentally and emotionally capable of intelligently making such decisions, as well as accepting or rejecting any and all suggestions or therapies. I further state that I have not (or will not) in anyway be, or have been, persuaded or forced to accept any manner of treatment whatsoever from and therefore, I hereby sign this Disclaimer, releasing from all

responsibilities.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_

address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medical Conditions or areas of concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_