

Global Transformation Pathways Services Waiver Form

Wellness and/or Energy Therapy

1. I fully understand that the attending practitioners are not allopathic doctors and do not portray themselves to be, but are wellness consultants and/or Biofeedback practitioners.
2. I fully understand that the difference between the practice of allopathic medicine, holistic practitioners, and energetic and Biofeedback consultants.
3. I fully understand that the services provided by the attending practitioner is not allopathic, but strictly energetic or Biofeedback in nature.
4. I fully understand that the attending practitioner performs their services within the parameters of natural health care and wellness using Biofeedback and stress reduction or other energy therapies.
5. I fully understand that the attending practitioner does not offer allopathic drugs, surgery, chemical stimulants, radiation therapy or any other conventional treatments. In addition, he/she does not diagnose, treat or otherwise prescribe for my disease, conditions or illness.
6. I fully understand that my energy and stress parameters are being measured.
7. I presently seek counsel, advice, opinions related to energetic balancing, stress management or Biofeedback within the scope of attending practitioner's wellness and stress reduction practice. I am fully aware and release the energy practitioner to do Biofeedback and/or energy assessments.
8. I fully understand that the services provided by the attending practitioner are in the emerging field of energetic medicine, and may not be understood by all allopathic practitioners.
9. By signing below I acknowledge that I have read and understand all parts of this waiver and that I have the opportunity to ask any questions with regard to any services or therapies offered.

Signature: _____ **Date:** _____

Practitioner: _____ **Phone:** _____