

*Contract of Services/Wellness Evaluation Authorization/Application/Waiver*

I, \_\_\_\_\_, hereby apply to be accepted as a student of "Holistic Lifestyle" at Shekinah Wellness. As a student at Shekinah Wellness 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 Shekinah Wellness, included but not limited to Rachael KraMer, 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 (MD.) 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 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 or health condition. Initials \_\_\_\_\_

I presently seek consultation, recommendations/suggestions, perspective and/or programs, tests, evaluation and/or products within the scope of the attending wellness consultants based on the principles of energetic health and have solicited the services of Shekinah Wellness 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 a contract which allows 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 Shekinah Wellness and may discontinue my status as a student at any time. I further understand that Shekinah Wellness also, for any reason, at anytime, may 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 Shekinah Wellness at no time offers guarantees of any health or well being outcomes as a result of any instruction or test at Shekinah Wellness. 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 or 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 Shekinah Wellness and my involvement as a student; I agree to indemnify, protect, save, and hold harmless Shekinah Wellness 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 whom I come in contact with in and/or around all my activities and involvement with Shekinah Wellness. Initials \_\_\_\_\_

I hereby acknowledge that the methods of testing at Shekinah Wellness 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 Shekinah Wellness, 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. Shekinah Wellness 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 Shekinah Wellness. I agree that I will give a minimum of 24 hour 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, or 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 involving 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 Shekinah Wellness, 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) \_\_\_\_\_

DO YOU HAVE AN ORGAN TRANSPLANT (Y/N) \_\_\_\_\_

REFERRED BY: \_\_\_\_\_