

## Hold Harmless Clause

I am aware it is my obligation to pay the fee(s) agreed upon, and I give my consent for this service, and all consecutive sessions, appointments/trainings/classes/speaking engagements I have scheduled. I further understand that Energy Sessions, Emotion Code, Sedona Method, Kinesiology, Consultations (advice) and the Nikken products are not a substitute for a medical examination, diagnosis, or treatment, and I should see a physician or another medical professional for any ailment/illness I'm experiencing. I affirm and have stated any known medical conditions should an emergency arise, and I have been candid with my information. I agree to update Lisa Hazelgrove, Lisa Healthy LLC as to any changes regarding my health status, and understand that this is my responsibility, not hers.

By utilizing the Energy Session (s), the Emotion Code, and the products associated therein, the participant, or any other party associated with the participant, assumes all responsibility associated with the utilization of the Emotion Code, Sedona Method, Kinesiology, Lisa Hazelgrove's consultations/ advice, the Nikken products and agrees to release, hold harmless, and indemnify Lisa Hazelgrove, Lisa Healthy LLC, Nikken and all associated parties hereinafter referred to as Indemnities from any liabilities, claims, demands or actions that the participant, or any other party that may now have or may have in the future for personal injury or property damage arising from the use of the products or a session/service utilized, even if such injury or damage is caused by negligence from any indemnities. Neither Lisa Hazelgrove, Lisa Healthy LLC nor Nikken make any medical claims nor make promises as to the results each person will experience.

I agree to provide at least 24 hours' notice when canceling an appointment and understand I will be charged a fee if this compliance is not met. Whether or not I fail to provide adequate notice, I still agree to abide by the terms set forth between Lisa Healthy LLC and myself. All appointments are to be rescheduled, and fees agreed upon are to be paid by the client/parent in a timely manner. If for some reason the client no longer wishes to employ these services, all fees will be due upon cancellation.

If Client is a minor, you have the parent/Guardian give permission to utilize Lisa Healthy's services/products and accept all liability forthwith as stated above.

Please print name, sign/date below that you Agree to these terms

Print Name: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_