Client Release and Waiver Form for The Happy Homestead

By signing below, I acknowledge and agree that:

I am here to learn about holistic health and wellness, holistic nutrition and better health practices and that I may be offered information about food supplements, herbs, essential oils, energy balancing, flower essences, and relaxation techniques as a guide to general good health and this is for educational purposes only.

I fully understand that Amanda from The Happy Homestead is not a medical physician and does not practice medicine. I am not here for medical diagnostic purposes or treatment procedures. I am not on this consultation or any subsequent consultation working as an agent for federal, state, or local agencies or on a mission of entrapment or investigation.

The services performed by The Happy Homestead are at all times restricted to consultation and coaching about holistic health, wellness and holistic nutritional matters intended for the maintenance of the best possible state of overall health and wellness and do not involve the diagnosing, treatment or prescribing of remedies for disease.

I also understand that it is my responsibility to discuss any, and all information provided during consultations and coaching with my primary health care provider or any other health care providers/specialists whose care I may be under.

I release Amanda Dorenkamp from The Happy Homestead from all legal liability during my participation in consultations and coaching. I assume sole responsibility for my own health and for the results of any consultation and coaching provided by The Happy Homestead that may affect my health in any way.

All information received by me from Amanda Dorenkamp and The Happy Homestead is accepted with full knowledge that any action taken by me because of the information received is my complete responsibility.

Due to HIPPA privacy regulations, your information will be held confidential and not shared with anyone.

_____Initial here to indicate that you have been advised of all consultation fees.

_____ Initial here to indicate that you are aware that these services are not covered by insurance and that you are responsible for all fees incurred.

Date._____Signature: _____

Please Print Name: _____

Signature of Guardian for minor child: _____