

# *Cynchronisity*

## Biofeedback & Energy Work



### **CBD Consultation & Client Informed Consent**

I understand that I am attending a consultation for the utilization of CBD oil which is FDA Approved and legal in all 50 states. Recommendations for my complaint may or may not be currently guided by any specific protocol and that any recommendations are based on current data available from the Mayo clinic, Johns Hopkins and the international database for CBD research via the RoC protocol.

Preliminary studies suggest CBD may support individuals experiencing chronic or degenerative discomfort, though more research is needed. These statements have not been evaluated by the FDA and this service is not intended to diagnose, treat, or cure any condition.

CBD is derived from the hemp plant and contains low level of THC at or below 0.3% during dry harvest techniques per state. And federal law, therefore, in rare cases, there may be some symptoms such as light headedness or dizziness, additional side effects could include dry mouth or soft stools.

There are some medications that require monitoring, such as analgesics and old generation anticoagulants.

By signing below, I am acknowledging these and other potential risks and/or side effects that may occur. I further understand the responsibility regarding any response that I might experience.

#### **Client Acknowledgment and Liability Waiver**

I understand that any kinesiology or muscle testing performed in relation to CBD products is intended solely for informational and educational purposes and is not a substitute for medical advice, diagnosis, or treatment. I acknowledge that any recommendations provided, including those informed by the RoC protocol, are non-medical in nature and should not be interpreted as professional healthcare guidance.

I accept full responsibility for the decision to use CBD products and agree to consult a qualified healthcare provider for any medical concerns. I release and hold harmless Cynthia Sharpe, Cynchronisity Biofeedback & Healing Energy Work, LLC, and all affiliated individuals and entities from any and all claims, liabilities, damages, or expenses arising from the use or application of CBD products. I acknowledge that I am solely responsible for any and all effects or outcomes related to my use of these products.

**I have read and understood this consent form in full.**

Client Name (please print) \_\_\_\_\_

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

\_\_\_\_\_  
Client Signature (or Parent signature on behalf of child):

I understand that all CBD product sales are final once opened. I acknowledge that I have read and accept this policy as part of my informed consent.