

Agreement of Services for Energy Scanning

The Energy scan services offered by Natural Therapeutics are for biofeedback and resonance therapy, commonly referred to as Vibrational or Energy Medicine. However, the services Natural Therapeutics provides are not in any way connected to or intend to replace a regular Medical Doctors visit and or checkups. Traditional Medicine they provide is based on biochemistry. Energy Medicine is concerned with biophysics. It is an entirely separate discipline or theory concerned with the correction of energy fields, blockages, and balancing the bio-energetic frequencies of the human system.

BioEnergetic therapy does not diagnose, treat, prescribe or cure any disease. Clients are advised to *consult their own medical physician for the diagnosis, care, treatment, or cure of any health concerns.*

I agree to undergo BioEnergetic therapy at my own risk. I further indemnify and hold harmless Natural Therapeutics, Garlyn Mayo and her affiliates, officers, as well as any successors, executors, personal representatives, staff and heirs from any and all results of BioEnergetic therapy or any modality or service I receive from Natural Therapeutics.

This agreement shall be unlimited as to amount of duration, and it shall be binding upon and inure to the benefit of the parties, their successors, personal agents and representatives. The procedures of this service may require touching of the clients body by the practitioner for practical reasons in therapy.

Cancellation Policy: We request that you give Natural Therapeutics 24 hours notice of any appointment cancellation. If you are unable to cancel in a timely manner, you may be charged half of the scheduled session fee. Instances of lateness can result in a decrease of therapy time with full payment expected.

Your signature below constitutes your acknowledgement to the above 1) You have read and agree to the fore-going; 2) The procedures set fourth above has been adequately explained to you by this provider, and 3) You authorize and consent to the performance of the foregoing procedures.

Date _____

Print Name _____

Signature _____

Witness Signature _____

Natural Therapeutics

817.738.4904