

Complimentary therapy is not a substitution for medical treatment. The information and therapy session does not include a diagnosis. I hereby, accept full responsibility for my actions taken by myself concerning any foods, complimentary medicine remedies, herbs, supplements, exercise, and educational therapies suggested or recommended by Mary Ann (**Isvari**) Johnson.

I acknowledge that I am seeking complementary therapy in form of lifestyle, educational, nutritional, advice, and/or recommendations, not a medical treatment. Under no circumstances, should any suggestions be taken as a diagnosis or direction against a licensed physical or mental healthcare professional. I acknowledge any treatment, formula and other advice, is not intended to supplement or to be perceived as a recommendation or advice to stop taking any prescribed medicine, or terminate any medical treatments I am undergoing. I also understand that incase of an emergency, I have to contact my local hospital or primary care physician.

I herby, on behalf of myself and my heirs, executors, administrators, waive, release, revise, discharge and hold harmless, Mary Ann (**Isvari**) Johnson from any liability resulting from any possible damages or loss during, any treatment or consultation. I hereby assume all risks of personal injury, or any other damages which may result from such consultation or treatment.

I acknowledge that I have carefully read this Waiver and Release, and fully understand that it is a waiver, disclosure, consent for services and release of liability.

Therapy Session:_____

Signature:_____

Date:_____

Signature: Mary Ann Isvari Johnson CAP, CYT

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