

Client Statement

I understand and acknowledge that Deanna Trask RHN, is dedicated to protecting and advancing the general well-being of clients in a natural way and is not operating as a centre for the treatment of disease or illness.

The services performed by Deanna Trask RHN, are at all times restricted to consultation on the subject of health matters intended for general well-being and do not involve the diagnosing, prognosticating, treatment or prescribing of medicine for any disease, or any licensed or controlled act which may constitute the practice of medicine in this province.

I am aware that all activities, programs and services offered are either educational, recreational or self-directed in nature. I assume full responsibility during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, program or service of Deanna Trask RHN, brings with it the assumption by me of those risks or results stemming from these choices and the fitness, health, awareness, care and skill that I possess and use. I understand that I am free to withdraw from, reduce or modify my involvement in any program activity and I realize that I should do so upon recognition of any signs of transient light-headedness, fainting, chest discomfort, cramps, nausea, allergic reaction etc.

I also acknowledge that I have inquired about the nature of any activity, program or service that I am not completely familiar with and I have been informed of any inherent risks.

I understand that all the information which I provide is purely for the purpose of healing and assessment and that no information will be disclosed to others or used in any other manner without my written permission.

This statement is being signed voluntarily.

Date: _____ Signature: _____

Name: _____

Address: _____

Phone: _____ Email: _____