

BOYD'S ALTERNATIVE HEALTH INC.

I, the undersigned client receiving treatment, hereby attest to the following:

1. That I am of the age of majority.
2. That I fully understand that Boyd's Alternative Health Inc. is not acting as a medical doctor or practitioner, but as a health educator, therapist and nutritional consultant.
3. That services performed by Boyd's Alternative Health Inc. are at all times restricted to consultations for the maintenance of the best possible state of overall health.
4. That Boyd's Alternative Health Inc. offers Iridology, Muscle testing, CranialSacral therapy, Ion Cleansing, Dorn method and other treatments not as a substitute for medical treatment or diagnosis and should not be construed as or replace same.
5. That during my treatment, I will immediately inform the therapist of any discomfort.
6. That I agree to undergo treatment from Boyd's Alternative Health Inc. voluntarily and release Boyd's Alternative Health Inc. from any and all claims for liability for any loss incurred from such treatments past, present or future.
7. That I fully disclose all known medical conditions and medications and agree to update my therapist of any changes in my medical profile.
8. I herein agree that Boyd's Alternative Health Inc. may hold in my file such personal information as may be given by me or obtained in the process of my full body analysis. I consent to the collection, use and disclosure of said information in accordance with the Privacy Code, as amended from time to time.

Dated this _____ day of _____, 2016 at Carbon in the province of Alberta, Canada.

Birthdate of Client

Signature of Client or Parent/Guardian of Client