



HEALTH CONSULTANT STATUS FORM

Please read carefully before signing

I, _____ am enlisting the services of Dr. Marcus Ettinger DC, BSc. as my health consultant. As his student / client, I understand I will be taught a lifestyle of healthful living. The lifestyle I will learn and master is not a substitute for medical treatment or a substitute for any medication. This lifestyle is known as “Natural Health” and encompasses, amongst others, the disciplines of diet, exercise and nutritional supplementation.

I understand I will be shown the effective and productive use of: rest, clean air, pure water, vigorous exercise, sunshine, enzyme active food, nutritional supplementation and a positive outlook (intention). This is all part of “Natural Health.”

In response to the above declaration, I agree that as a student / client of Dr. Marcus Ettinger’s I am here to learn how to effectively utilize “Natural Health” in my daily life. I acknowledge that nothing in the teachings or methods of “Natural Health” as taught by Dr. Ettinger is for the purpose of diagnosing, treating, alleviating, mitigating, curing, preventing, or caring for “disease” in any way or manner whatsoever. I clearly understand that “diagnosis” or “treatment” of any kind for any “disease” is outside the scope of practice of “Natural Health.” I also clearly understand that all of the teachings and methods of “Natural Health”, as taught to me by Dr. Ettinger, are for the sole purpose of assisting me to learn and understand HOW TO BUILD and/or MAINTAIN MY OWN HEALTH.

I also understand that Dr. Ettinger is merely my coach and will make no promises or guarantees written or implied, and only offers me what is contained within the above three paragraphs.

Important Note:

For all medical conditions it is important that you have seen your physician and have had any medical treatment completed or underway.

Print Name: _____

Signature: _____

Date: _____