

Natural Health Consultant Informed Consent

Please read carefully before signing

I, _____ am enlisting the services of Marcus Ettinger (Mr. Ettinger), as my natural health consultant and instructor, not as my chiropractor. *I may see Marcus Ettinger as my chiropractor, but that will be separate from the services I am signing-up for here.* As his 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, and is not a substitute for my prescribed medication. This lifestyle is known as "Natural Health" and encompasses, amongst others, the disciplines of diet, exercise, nutritional supplementation and developing a positive mental attitude.

I understand I will be educated in 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 client of Mr. Ettinger, 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 Mr. 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 Mr. 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 Mr. Ettinger is merely my consultant or instructor and makes no promises or guarantees written or implied, and only offers me what is contained within the above three paragraphs.

Important Note:

For any and all medical conditions I may have, I have seen or will see a physician and have I will have all medical treatment(s) completed or underway.

Print Name: _____

Signature: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____

(Please print-out and keep a copy for your personal records)