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## CLIENT WAIVER

I, \_\_\_\_\_ (print name), hereby attest to the following:

1. It is my personal choice to use natural health methods.
2. That my visits to Perfect Resonance Natural Health Counselling are for the purpose of self-education.
3. That I am here on this visit, and any subsequent visit, on my own behalf and not as an agent for any federal, provincial, or municipal agency on a mission of entrapment.
4. That the health care practitioners of Perfect Resonance Natural Health Counselling are not medical doctors and I am not here for medical diagnostic or treatment procedures. Any information I receive will in no way postpone or delay getting competent medical advice from a licensed doctor of medicine.
5. In natural healing methods, it is not necessary to diagnose specific diseases. Nature heals when the body is in balance and when wholesome natural foods and supplements are taken, and artificial and toxic substances are avoided.
6. This agreement is being signed voluntarily and not under any duress of any kind.

Address \_\_\_\_\_ City/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

- I give Perfect Resonance Natural Health Counselling permission to use my email and/or mailing address for the purpose of communication and educational materials. Perfect Resonance N.H.C. agrees not to share this contact information with any other party.

Date \_\_\_\_\_

Signed \_\_\_\_\_