

Advance Pain Relief

Colleen Gallman

Informed Consent, Private License & Release Therapies to Balance the Body for Homeostasis

The undersigned hereby grants a Private License to the Practitioner Colleen Gallman to provide nutritional evaluation and recommendations with the undersigned as expressive association activities.

The undersigned acknowledges that the Practitioner is not a licensed dietitian and does not diagnose or prescribe for medical or psychological conditions nor claim to prevent, treat/mitigate or cure such conditions, nor provide diagnosis, care, treatment or rehabilitation of individuals, nor apply medical, mental health or human development principles, but rather provides traditional, bioenergetic magnetic, herbal and/or nutritional modalities that may offer therapeutic benefit by Supporting normal structure and function.

The undersigned gives Informed Consent to the services that will be provided. The undersigned hereby releases the Practitioner from all claims and liabilities arising from the use or misuse Of traditional, spiritual, mental, bioenergetic and/or nutritional modalities, indemnifying and holding the Practitioner harmless from all claims and liabilities therefrom whatsoever. The Practitioner reserves all rights. Permission given to use any information about me for research and publication so long as all personal identification is masked.

Signature_____

Name:

E-mail:

Phone:

Date: _____