

WESTON'S WELLNESS CENTER

RELEASE/ CONSENT FORM

I, _____, a resident of _____ in _____

County, _____ agree to release, discharge, and waive all claims for personal injury, and other civil liabilities, Mal- practice against Weston's Wellness Center and Frank James Weston, N.D., Ph.D. . Dr. Weston is not a Medical Doctor (M.D.) nor is he posing as a Medical Doctor (M.D.). Dr. Weston personalizes healing modalities to the needs of each individual. He performs lifestyle analysis, nutritional and dietary assessments, metabolic analysis, exercise and fitness regimes, and other evaluative procedures. Dr. Weston does not **DIAGNOSIS, PRESCRIBE, GIVE TREATMENTS, OR INJECTIONS.** Our programs are designed to offer health information and education. Dr. Weston is trained to use a wide variety of natural methods including diet modification, herbal remedies, nutritional supplementations, stress reduction techniques and exercise and fitness regimes with the purpose of restoring proper nutritional balance and energy levels. These programs were designed to cause loss of body weight , reduction of body tensions, decrease and handle stress, and improve your general health associated with exercise forms.

Date: _____ Patients Signature Required _____

Witnessed this _____ Day , 200 _____, by _____, on behalf of the

Weston's Wellness Center

Be advised that these nutritional and herbal programs are not intended as a primary therapy for any disease, but rather to provide nutritional and herbal support for normal physiology and repair.

Best Regards,

F. James Weston, N.D., Ph.D.