

CONSENT AND RELEASE FORM

Client Name _____

Address _____

City, State, Zip _____

I, **(client's name)** _____, certify I am over 18 years of age, or I am the father/mother/legal guardian of **(minor's name)** _____, For receiving instruction and sessions here, I release and forever discharge **Michele Jones** and all others associated of **Nashville Colon Care, LLC** from any and all responsibility or liability arising from these procedures and demonstrations. I have not been promised anything to submit to these procedures, or to sign this release form. No guarantees or warranties have been made to me to the success, value, or benefit of such procedures. I realize and acknowledge that the instructions and services given are not medical treatment. I realize and acknowledge that the instructions, recommendations and services are not medical treatments or prescriptions. Any changes or additions in my diet, exercise, or supplementation are of my own choosing. I have been instructed and understand to consult my physician before entering into any lifestyle changes and am free to withdraw my consent and discontinue visits here at any time. This form has been fully explained to me and I certify I understand its content.

Client Signature

Date

Asked about personal insertion

Witnessing Signature

Date