



**CONSENT FOR Biofield Energy Systems Technology (BEST) SCAN
COACHING CALL FOR RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS, AND ASSUMPTION OF RISK**

In consideration of being extended the opportunity to experience a Biofield Energy Systems Technology (BEST) Scan as well as to discuss the results and formulate a wellness plan via a Functional Medicine and/or Homeopathic Health Coaching session with Nancy R. Rizzo, of HEALTH E CIRCUITS Consulting Services, I hereby consent to a BEST Scan performed by HealthECircuits Representative Sherri Gan, or Nancy Rizzo, I understand and agree to this release of liability, waiver of legal rights, and assumption of risk and the terms hereof as follows:

1. I acknowledge that the BEST Scan and associated Functional Medicine/Homeopathic Coaching sessions are a completely voluntary activity, that is not meant to be construed as a substitute for medical advice, and does not serve as a medical diagnosis of any kind and that these services are offered for educational and informational purposes only. HEALTH E CIRCUITS and Nancy R. Rizzo are not responsible for any choices or decisions that you make as a result of the information that is provided to you.
2. I take full responsibility for, RELEASE, AND HOLD HARMLESS HEALTH E CIRCUITS Consulting Services, its owners, officers, elected officials, agents, and employees from all liability, claims, demands, or causes of action that I may hereafter have for injuries or damages arising out of my participation in BEST Scan and/or Functional Medicine/Homeopathic Health Coaching session, activities, included, but not limited to, losses CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.
3. I further agree that I WILL NOT SUE OR MAKE CLAIM against the Released Parties for damages or other losses sustained as a result of any injury, or change in medical outcome, sustained from my participation in BEST Scan and/or Functional Medicine/Homeopathic Health Coaching activities. I also agree to INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS from all claims, judgments, and costs including attorney's fees, incurred in connection with any action brought as a result of participation in BEST Scan and/or Functional Medicine/Homeopathic Health Coaching activities by any of the undersigned.
4. I hereby expressly recognize that this Release of Liability, Waiver of Legal Rights, and Assumption of Risk is a contract under which I have released any and all claims against the Released Parties resulting from any injury, medical outcome, or death, sustained from participation in BEST Scan and/or Functional Medicine/Homeopathic Health Coaching activities including any claims for the negligence of the Released Parties.
5. I further represent that I am at least 18 years of age, I waive and release any and all legal rights that may accrue to me as the result of any injury, or change in medical outcomes I may suffer while engaging BEST Scan and/or Functional Medicine/Homeopathic Health Coaching activities.

I HAVE READ THIS RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS, AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

Signature of Adult Participant: _____ Date: _____

Name of Adult Participant: _____
(Please Print)