

Colon Hydrotherapy:

Client Acknowledgment

1. I fully understand that Colon Hydrotherapists' are **NOT** medical doctors and that they cannot prescribe, diagnose or treat for any specific illness.
2. I enter into both Colonics and Reflexology sessions of my own free will and under no pressure or duress from any person.
3. All suggestions from my therapist regarding herbs or nutritional matters are based on historical and traditional use.
4. Any and all decisions regarding supplement use are solely done at my discretion. I am under no obligation to take any supplements suggested by my therapist
5. That I have disclosed any and all medical and health information directly to my colon Hydrotherapist that may affect my participation in Colonics. That I have not withheld any information from my colon Hydrotherapist
6. I have read and fully understand the Referral and Cancellation policies presented to me.

PLEASE PRINT:

Name: _____

Address: _____

City: _____ **Province:** _____

Postal Code: _____ **Phone Number:** _____

Signed: _____ **Date:** _____