

LIABILITY WAIVER /CONSULTATION AGREEMENT

Tamra Rose Sullivan
Cellular Regenerative Detoxification Specialist
www.rawlifewellness.com

I acknowledge that my participation in Tamra Rose Sullivan's coaching program is expressly conditioned on my agreement to each of the terms of this document. I acknowledge and agree as follows:

1. In consideration of one dollar and other considerations, this agreement is between _____ and *Tamra Rose Sullivan* for the express purpose of exchanging information in regards to gaining health the natural way.
2. The information given by *Tamra Rose Sullivan* is based upon God's laws.
3. I hereby *give Tamra Rose Sullivan* permission (all rights) to discuss openly and freely, his or her (or pet's) health issues and solutions to these issues, between each other.
4. I attest that I am here, on this and any subsequent visit, solely on my own behalf and not as an agent or representative for any federal, state, or local agency on a mission of entrapment or investigation.
5. I fully understand that *Tamra Rose Sullivan* is not a medical doctor and I am not here for medical diagnostic or treatment procedures. The information given by *Tamra Rose Sullivan* is at all times limited strictly for my educational purposes and only on the subject of health matters.
6. This information is intended for the best possible state of health and does not involve the diagnosing, prognosticating, treatment, or prescribing of remedies for the treatment of diseases.
7. All diet, herbal, homeopathic, fasting principles, and other health information and suggestions received by me from *Tamra Rose Sullivan* is for my personal information only.
8. If I choose to follow any of the information received, I do so on my own behalf, and on my own decisions based upon my personal beliefs.
9. If I use any information to treat a disease process without my medical doctor's approval, I am prescribing for myself and exercising my Constitutional Rights. I fully agree to hold harmless *Tamra Rose Sullivan*, with whom I speak in any manner. I assume total and all responsibility and liability for my actions.

10. This agreement is to establish a mutual trust, relationship, and understanding. Therefore, by my signature below, I acknowledge that I have read the above and agree to the terms stated.
11. **Cancellation Policy:** Client agrees that it is the Client's responsibility to notify the Coach 24 hours in advance of the scheduled call/meeting. Coach reserves the right to bill Client for a missed meeting. Coach will attempt in good faith to reschedule the missed meeting.

This affidavit is signed by me without coercion or remuneration.

SIGANTURE:

Print

First:

Last:

Address:

Email:

Date: