

Higher Ground Healing

Client Waiver Form

Date: _____

Personal Details

Name: _____ Date of Birth: _____

Address: _____ Postal Code: _____

Recommended by _____ Telephone: _____

Email: _____

Please read the following information carefully and sign below where indicated.

I hereby confirm:

I understand that Cindy Pettman is not a medical doctor or medical practitioner and I am not here for medical, diagnostic, or treatment procedures.

The services offered by Cindy Pettman are at all times restricted to consultation in the subject of preventative health matters intended for guidance in the maintenance of the best possible state of health and well being and does not involve the diagnosis, prognosis, or the prescription of remedies for the treatment of any medical disease.

Signature: _____