

Human BioAcoustic Consultation Informed Consent and Release

The undersigned hereby grants a Private License to the Human BioAcoustic Research Practitioner to engage in Human BioAcoustic and/or nutritional consultation with the undersigned as expressive association activities. The undersigned acknowledges that the Practitioner is not a licensed medical doctor. The undersigned has been advised to seek the services of a physician if any medical condition is suspected.

The undersigned acknowledges that the Practitioner does not diagnose or prescribe for medical or psychological conditions nor claim to prevent, treat, mitigate or cure such conditions, to provide diagnosing, treating, operating or prescribing for any human disease, pain, injury, deformity or physical condition.

The Practitioner does not provide diagnosis, care, treatment or rehabilitation of individuals, nor does the Practitioner apply medical, mental health or human development principles, but rather provides Human BioAcoustic and/or nutritional consultation that may offer therapeutic benefit the individual. Any nutrients or traditional remedies recommended may be obtained from any provider of such products.

The undersigned gives Informed Consent for the Human BioAcoustic, nutritional or other consultation and services that will be provided.

The undersigned hereby releases the Sound Health Research Institute, Inc., Sound Health, Inc. and Sharry Edwards, MEd, the Research Practitioner, agents and associates, who hereby reserve all rights, from all claims and liabilities arising from the use or misuse of Human BioAcoustic and/or nutritional information, indemnifying and holding the same harmless from all claims and liabilities therefrom whatsoever.

Practitioner: _____

Signature _____

Date: _____

Name: _____

Address: _____

_____ ZIP _____

Phone: _____

E-mail: _____