

DISCLOSURE AND WAIVER OF LIABILITY AGREEMENT

I, the undersigned ("Client"), acknowledge that I have read and understood the contents of this liability agreement.

1. Virginia G. Pierce-Kelly with Butterfly Journey Human Services, LLC, is a nutrition and fitness consultant, holistic health advisor, wellness and spiritual minister, and human services specialist and does not function as a physician, diagnose or treat disease, nor do her services replace the necessary services of a licensed physician.
2. Virginia G. Pierce-Kelly and Butterfly Journey Human Services, LLC makes no representations, claims, or guarantees regarding the efficacy of her recommendations. The recommendations are based upon a combination of her nutrition and health coaching education and knowledge of natural health literature and receiving degrees in Business Administration, Psychology, Human Resources: Business Administration, Human Services: Counseling, and doctoral work in Human Services. A wellness and nutrition consultation as provided by Virginia G. Pierce-Kelly and Butterfly Journey Human Services, LLC does not constitute a medical service or health care treatment.
3. I understand that the nature of the recommended treatments and sessions for my care will be explained to me and that I will have the opportunity to ask questions of those involved in my care. I am not being forced to accept treatment.
4. Individualized recommendations are offered and applied as an educational and informative consultation. Any action taken as a result of the consultation is done at the sole discretion and risk of Client. Therefore, it is strongly recommended that in addition to any health consultation that you maintain a relationship with one or more physicians qualified to care for health condition(s). For example, in the case of children you are advised to seek the advice of a pediatrician; if you have cardiovascular disease, consult with a cardiologist; and if you have diabetes, consult with a primary care physician, etc.
5. Client's signature verifies that the Client has not been told to discontinue treatments with any other medical specialists or other health care providers. Client's signature is being given prior to rendering any service, advice, and/or recommendations whatsoever.
6. Financial Policy: Patients are fully responsible for all professional services received. Client is not contracted with insurance companies and does not bill for services.

I, the undersigned, understand that I am responsible for all charges (if applicable). By signing below, you agree to comply with the above policies and acknowledge that you understand all terms, verbiage (language), and concepts herein. Furthermore, Client agrees not to hold Virginia G. Pierce-Kelly and Butterfly Journey Human Services, LLC or any other affiliations liable for any costs or damages related to the services provided other than for willful misconduct or gross negligence.

I understand this consent agreement and have executed it freely and willingly.

Client Signature: _____

Printed Name: _____

Date: _____