

*Wright Health Centre Inc.  
25 Amy Croft Drive, Unit 10B  
Lakeshore, ON N9K1C7  
519-735-3022*

### **ENERGY BALANCING CONSENT**

I (my ward/child) \_\_\_\_\_ consent to be assisted toward healing by the use of the Wright Technique which may include any or a combination of the following techniques: B.O.S. (Biocomputer Operating System) Bodytalk/ Yuen Method/ NAET (Nambudripad's Allergy Elimination Technique/FBA (Functional Bio-Analysis), acupuncture and/or homeopathy performed by Sandy Wright, Homeopath and R.Ac. I understand that the treatments are an attempt to clear the body's control systems (i.e. meridians, nervous system) of errors which will allow the body to heal itself. I also understand that the body is designed to heal itself and will do so when the underlying energetic imbalances are identified. The Wright Health Centre Inc./ Sandy Wright does not claim to cure any illness or disease with these techniques. Sandy Wright relies on applied kinesiology (better known as muscle testing) to determine your body's priority for healing. I am aware that it is not a medical treatment or a substitute for medical or psychiatric treatment. The diagnosis and treatment of disease are solely provided by licensed members of the medical profession. I agree to talk full responsibility for my own health. I understand that I may experience a 'Herxheimer's Reaction'. (The Herxheimer Reaction is a short-term, from days to a few weeks, detoxification reaction in the body. As the body detoxifies, it is not uncommon to experience flu-like symptoms including headache, joint and muscle pain, body aches, fatigue, general malaise, emotions, nausea or other symptoms).

**IF YOU KNOW OR SUSPECT THAT YOU HAVE A CONDITION WHICH MAY WARRANT THE CARE OF A LICENSED MEDICAL PROFESSIONAL, YOU SHOULD SEE ONE AS SOON AS POSSIBLE.**

### **EXEMPTION OF LIABILITY CLAUSE**

The services offered by the Wright Health Centre Inc. are designed to test sensitivity to known allergens/everyday substances, to assist the practitioner in determining which allergens/sensitivities to avoid. I understand that there is no guarantee that all allergens to which I (my ward) may be sensitive to will be identified. I understand that there is no guarantee that the procedures in my (my wards) case will be effective.

It is agreed between the client and the practitioner that the practitioner not be held liable for any personal injury of any nature whatsoever that arises from or is the result of, or is caused by or contributed to by the above-mentioned techniques or any failure to continue with the energy work.

If you have any questions or concerns regarding the above, please discuss them with your Sandy Wright prior to your first appointment, or before your session. When you feel you fully understand the above, please sign this form prior to your session.

I, \_\_\_\_\_, as a mature adult of sound mind, have read this disclosure and understand the above, as well as the limitations of this type of service. I understand that the **consultation fees are for her time only**. Furthermore, I understand that the Wright Health Centre Inc. will keep all of my records strictly confidential. I understand that my identity will be kept confidential if she should need to consult another practitioner on my behalf or utilize my case in any way for teaching purposes.

**I ASSUME FULL RESPONSIBILITY FOR MY HEALTH AND CHOICE OF HEALTH CARE** and I quitclaim and hold Sandy Wright harmless.

### **CANCELLATION POLICY**

**All re-scheduled or cancelled appointments require 48 hours' notice. You will be charged for missed appointments if 48 hours' notice is not given.**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature and date (must be 18yrs old to sign)