PERMISSION & AUTHORIZATION FORM
REGARDING THE USE OF NUTRITIONAL DETERMINATION TESTING
PLEASE READ BEFORE SIGNING

I specifically authorize Kristi L. Carni, Nutritional Consultant, to perform nutritional determination testing to develop a natural complementary health improvement program for me that may include dietary guidelines, nutritional supplements, etc. in order to assist me in improving my health **and not for the treatment or "cure" any disease.**

I understand that nutritional determination testing is safe, non-invasive and uses natural methods of analyzing the body's physical and nutritional needs, and the deficiencies or imbalances in these areas could cause or contribute to various health problems.

I understand that nutritional determination testing are not methods of "diagnosing" or the "treatment" of any disease or medical condition.

No promise or guarantee has been made regarding the results any tests or any natural health, nutritional or dietary programs recommended, but rather I understand that these tests are ways by which the body's responses can be used as an aid to determine possible nutritional imbalances, so that safe, natural programs can be developed for the purpose of bringing about a better state of health.

I have read and understand the foregoing

This permission form applies to subsequent visits and consultations.

Print Name _____
Address
_____
City _____ State _____ Zip Code _____
Phone(s) _____
Signed _____ Date
_____
(If minor, signature of parent or guardian required)

Kristi Carni Holistic Health
7870 Eagle View Dr
Chesapeake Beach, MD 20732

Kristi L. Carni, CNC, Nutritional Consultant
AUTHORIZATION FORM

I, _____, in affixing my signature to this instrument do thereby agree to and understand the following:

1. That Kristi L. Carni, is a natural health counselor who is legally able to instruct and educate others in self-help methods of health such as the use of proper exercise, diet, nutritional supplements, water, sunshine, fresh air, rest and attitude;
2. That Kristi L. Carni, in no context of the phrase "Practices medicine" and therefore does not diagnose, prescribe, treat, administer, cure, heal or otherwise perform a duty that is reserved for those who are licensed to do so;
3. That the instruction concerning a healthful lifestyle is incidental to any particular illnesses or diseases I may have and is therefore not made in direct references to these;
4. Any healing of illnesses or diseases I may experience as a result of following the instructions of Kristi L. Carni, was purely the result of the body itself once a naturally correct way of living was employed, for it is only the body that heals itself, not any person;
5. That no claims or guarantees have been made as to any health benefits that may result from my following the instruction given by Kristi L. Carni, concerning a naturally correct way of living;
6. That the instruction given by Kristi L. Carni, in no way replaces proper medical care, and that I am free to choose a naturally right lifestyle;
7. That under penalty of perjury I am not an agent of any branch of the federal, state or local government for any agency thereof, with intent to entrap or entice Kristi L. Carni, her staff, employees and/or associates into breaking any federal, state or local law whatsoever, acting either on my own behalf or on behalf of the agency of the government or on behalf of any government agency directly;

Signed _____
Date _____

Kristi Carni Holistic Health
7870 Eagle View Dr
Chesapeake Beach, MD 20732