



Waiver of Liability / Informed Consent

I hereby affirm that I have openly discussed and disclosed any and all of my current known medical conditions with Chad Oler, ND, directly, either in person, in writing or through direct telephone conversation. I recognize that participation in the programs developed by Chad Oler, ND, and the Natural Path Center LLC is voluntary on my part, and that there are inherent risks which I hereby assume for myself, my heirs and assigns. I recognize that many changes may occur as a result of the therapies incorporated in my program, including possible short-term aggravation of some symptoms including feelings of tiredness, light-headedness, increased energy, mood changes, etc. Natural Path Center LLC shall not be liable for any injuries or damages to any participant, or the property of any participant, or be subject to any claim, demand or injury, or damages whatsoever, including, without limitation, those damages or injuries resulting from acts of negligence on the part of Natural Path Center LLC, its owner, employees or substitutes.

In consideration of my acceptance as a participant in such activities, I expressly waive, release, and discharge Natural Path Center LLC, its owners, officers, employees, substitutes, agents and successors, from any obligations, liabilities, claims, demands, costs, and expenses, including attorney fees, arising from or in connection with any bodily injury, however caused, occurring during or after my participation in the recommended program.

Natural Path Center LLC shall not be responsible or liable for any articles lost, stolen or damaged, in or about the center.

I hereby affirm that I have read, fully understand, and accept the above.

Signature _____ **Date** _____

Cancellation Policy

In order to achieve outstanding results, it is imperative that you arrive 15 minutes prior to your appointments. Out of courtesy to your fellow clients, there is a **24 hour cancellation policy**, Saturdays and Sundays excluded (i.e., if you have a Monday appointment, you must cancel your appointment before that same time on Friday). YOU will be held responsible for any payment of missed appointments (testing fees will not apply) for those appointments not cancelled with 24 hours prior notice. No shows will be charged an additional fee of \$100.

Signature _____ **Date** _____

NPHC Signature _____ **Date** _____