

**PERMISSION & AUTHORIZATION FORM
REGARDING THE USE OF NUTRITION RESPONSE TESTING™**

PLEASE READ BEFORE SIGNING:

I authorize Sonja Jewell at Evergreen Spa & Wellness to perform a Nutrition Response Testing health analysis and to develop a natural, complementary health improvement program for me. This may include dietary guidelines and/or nutritional supplements to assist me in improving my health, **and not for the treatment, or "cure" of any disease.**

I understand that **Nutrition Response Testing is a safe, non-invasive, natural method** of analyzing the body's physical and nutritional needs

I understand that Nutrition Response Testing is not a method for "diagnosing" or "treating" of any disease including conditions of cancer, AIDS, infections, or other medical conditions, and that these are not being tested for or treated.

No promise or guarantee has been made regarding the results of Nutrition Response Testing or any natural health, nutritional or dietary programs recommended, but rather I understand that Nutrition Response Testing can determine possible nutritional imbalances, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health.

I have read and understand the foregoing.

This permission form applies to subsequent visits and consultations.

Date: _____

Print Name: _____

Signed: _____

(If minor, signature of parent or guardian required)

Witness: _____