**CONSENT FORM FOR:**

 KINESIOLOGY TESTING (muscle testing/energy testing)

NUTRITION RESPONSE TESTINGTM and MORPHOGENIC FIELD TECHNIQUE SM

EDEN ENERGY MEDICINE

I understand that Morphogenic Field Technique SM, Nutrition Response TestingTM, Eden Energy Medicine (all using Kinesiology, also known as muscle testing or energy testing) and the ZYTO scan are considered a “Non-Covered Service” by my insurance company.

I agree to have Kinesiology sessions and realize that I am fully responsible for payment of this service.

I understand that these modalities do not diagnose or treat any specific illness or disease, nor do they provide a ‘cure’ of any specific illness or disease.

I understand that Kinesiology is not a substitute for conventional medical care (medical diagnosis and treatment). I am advised to seek conventional medical care for any diagnosis I might have.

I understand that Kinesiology is a safe, non-invasive technique of assessing energy fields. It can aid in the determination of which dietary changes and/or nutritional supplements might benefit me. Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Kirana Kefalos (as individual, M.D. and L.L.C.) from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

I have had the opportunity to ask questions regarding Kinesiology. These questions have been answered to my satisfaction.

This consent form applies to today’s session and all future sessions.

I have read and understand the above.

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Signature

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Please PRINT name

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Date