



HOLISTIC HEALTH

**CLIENT RELEASE AND WAIVER OF LIABILITY**

Dynamic Blood Microscopist & Registered Herbalist  
Shelly Simpson  
DynBC, BA, CH, RH

I, the undersigned, hereby confirm that I understand that the above named individual is not a medical doctor nor is she licensed to practice medicine. I affirm that I am consulting with this practitioner for educational purposes, of my own free will. I understand that there will be no diagnosis made, nor prescription given, but that the practitioner will offer an assessment of my state of health and will make nutritional, regimenal and herbal recommendations. I release Seven Stones Holistic Health, its owners and practitioners from all legal liability, and all information received by me from Seven Stones Holistic Health practitioners is accepted with full knowledge that any action taken by me as a result of the information received is my complete responsibility.

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_