HEALTH CONSULTANT STATUS FORM

Please read carefully before signing

I, _____ am enlisting the services of Marcus Ettinger D.C., "The Digestion Coach™", as my health consultant and instructor. As his student / client, I understand I will be taught a lifestyle of healthful, natural living. The lifestyle I will learn and master is not a substitute for medical treatment, and is not a substitute for medications prescribed by your physician(s). This lifestyle is known as "Natural Health" and encompasses, amongst others, the disciplines of diet, exercise, supplementation, light therapy, and positive mental attitude.

I understand I will be shown the effective and productive use of: rest, clean air, pure water, vigorous exercise, sunshine, enzyme active food, nutritional supplementation and a positive outlook (intention). This is all part of "Natural Health."

In response to the above declaration, I agree that as a student / client of Dr. Ettinger, I am here to learn how to effectively utilize "Natural Health" in my daily life. I acknowledge that nothing in the teachings or methods of "Natural Health", as taught by Dr. Ettinger, is for the purpose of diagnosing, treating, alleviating, mitigating, curing, preventing, or caring for "disease" in any way or manner whatsoever. I clearly understand that "diagnosis" or "treatment" of any kind for any "disease" is outside the scope of practice of "Natural Health." I also clearly understand that all of the teachings and methods of "Natural Health", as taught to me by Dr. Ettinger, are for the sole purpose of assisting me to learn and understand HOW TO BUILD and/or MAINTAIN MY OWN HEALTH.

I also understand that Dr. Ettinger is merely my consultant or instructor and will make no promises or guarantees written or implied, and only offers me what is contained within the above three paragraphs.

Important Note:

For any and all medical conditions you may have, it is important that you have seen/consulted and currently have a primary care physician and have all medical treatment(s) completed or underway.

Print Name: _____

Signature: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____

(Please print-out and keep a copy for your personal records)