



Release Form

Please initial the following paragraphs and sign stating you understand and agree with the terms listed.

Please understand that I am not a medical doctor, nor is this information prepared by a medical doctor or intended to provide medical advice. Any person requiring medical attention should consult a medical doctor. Iridology does not name diseases. Iridology reads tissue conditions and from that information, pre-dispositions and tendencies are notable. Our philosophy, teachings, information, suggestions and services are designed to build body, mind and emotional awareness only and are not offered as cures. You are not expected to, nor will it be suggested that you stop taking your prescription medication or seeing your medical doctor. You must work with your doctor before discontinuing any drug. Discontinuing a prescription without medical supervision can be life threatening. _____

We are sharing information we believe in and feel it is not commonly found in mainstream media. We hope you have found this information helpful and that you are emotionally, mentally and physically ready to make the necessary changes to improve your quality of life. It is not easy to make changes, but when you find the courage to do so, it will enrich every aspect of your life. If you decide to act on ideas found in this reading, you do so at your own discretion. Self help requires intelligence, common sense, and the ability to take responsibility for your own actions. _____

The health practitioner, Karen Foster, CCI may photograph my eyes and sclera and give explanation about markings found within the iris and sclera. Natural health suggestions may be given as well as suggestions for natural supplementation. _____

You are not required to purchase any products within the office or facility where the class is maintained. You are however expected to pay for the session in its entirety at the end of the time allowed. At this time please no recording or taping of the session is allowed. _____

As acknowledgement that you have read, understand and comply with the conditions listed in the document, please sign and date the disclaimer at this time.

Thank you for your cooperation. We hope you enjoy and learn valuable information.

_____ Date _____ Signature

Street Address, City, State, Zip Code

_____ Home Telephone
_____ Cell or Work Telephone
_____ Email