

GEMS NATURAL HEALTH CENTER

CONTRACT OF AUTHORIZATION

**HEALTH & NUTRITIONAL ANALYSIS & PROCEDURES FOR HEALTH RECOVERY
EVALUATION**

(PLEASE READ CAREFULLY BEFORE SIGNING)

I hereby authorize the Natural Health & Nutrition Practitioner, or his or her representatives, to act in my behalf concerning the "*Health and Nutritional Analysis & Procedures for Health*" Authorize to perform and develop a health and nutritional program. I warrant that all information submitted for analysis and evaluation was submitted by me, and is true to the best of my knowledge.

I acknowledge that the "*Natural Health and Nutritional Analysis & Procedures for Health Evaluation is for education, health information and the Natural Health and Simple Remedies based upon the Natural Laws of Health*". However, I reserve the right to use the knowledge I gain in the care of my own body in any legal manner I may choose, including the Program (s) suggested by the Natural Health and Nutrition Practitioner and his or her representatives.

I hereby give testimony that I am here as a client/student, and that my visits are solely on my own behalf and not as a federal or state agent for any agency on a mission of entrapment, or for any investigative purposes.

Client Signature

Date

GEMS NATURAL HEALTH CENTER

As a student/client you will be taught a lifestyle of healthful living, which is not a substitute for medical treatment. This lifestyle is known as "the practice of *Natural Health*." For any current medical problems, it is important (if you choose) that you may consult with your physician and have the medical treatments that you believe you need now completed or underway. You are at any and all times free to consult with your physician for any future or past related medical treatment (s).

Please read and sign the following statement:

In response to the above declaration, I agree that as a student/client of GEMS Natural Health Center that I may seek medical advice other than that which is taught at the Center; for medical treatment. As a student/client, I am here to learn the effective use of *Natural Health* and *Wholistic Nutritional* and *Hygienic* principles in my daily lifestyle. I acknowledge that nothing in the teachings or methods of *Natural Health* and the practice of The Principles of Health, as taught by GEMS, is for the purpose of diagnosing, curing, treating, alleviating, mitigating, preventing, or caring for *disease* in any way or manner whatsoever; Only The Creator, The True Healer can do that.

As a science of complete health, I recognize that the health principles taught me are of a spiritual, mental, and physical nature, and that all healing is accomplished through one's unadulterated spiritual, mental, and physical prayers. I also clearly understand that all of the teachings and methods, as administered by GEMS are for the sole purpose of teaching the client how to build and maintain a healthy and spiritual lifestyle.

Client Signature

Date