



Disclaimer form for **Joyful Living Services**

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

Welcome to your Optic Nerve research (Iridology) session.

This session is for teaching or training purposes only and is in no way, shape, fashion or form to be considered a forum to treat or diagnose any medical or health issues. It should also be completely understood that the person or natural health coach teaching this session is not a licensed medical physician. _____

The health practitioner, Brenda R. Generali, CCI will 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	E-mail		
_____	_____		
Signature	Printed Name		
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____		
Home Telephone	Cell or Work Telephone		