

(Note: All references to “practitioner” refer to Fieldscape LLC, a limited liability company.)

I, the undersigned, understand that the techniques used by Fieldscape LLC are theoretical approaches to wellness.

By engaging in the services provided by Fieldscape LLC, I understand that the practitioner may assess and/or address my body's quantum bio-field with energy/information techniques, in addition to providing guidance on diet, lifestyle, homeopathic and nutritional supplementation.

Because this approach may cause detoxification or other changes in the body, I understand that I may experience short periods (from a few hours to a few days) of mild discomfort, flu-like symptoms, dizziness, etc. This is a common and expected part of the healing process, and I am aware of this possibility prior to engaging in the services provided by Fieldscape LLC.

While Fieldscape LLC is unaware of any long-term or otherwise serious side-effects from ANY of the techniques it uses, I understand that people respond differently to everything in life, and that Fieldscape LLC cannot guarantee what outcome I will have due to its services. I understand that there may be risks involved.

I understand that even well-educated opinions on health vary widely among health practitioners, and that Fieldscape LLC cannot offer (and does not imply) any warranty regarding its services. Where one person may respond well to a health protocol, another may not respond at all.

I understand that the practitioner is not a licensed physician and is acting only as a consultant and facilitator. I take full responsibility for any health protocol I choose to pursue. Also, if I am taking any medications or am engaging in any conventional medical treatments, I will be sure to inform my licensed health care professional about any nutritional supplements I choose to start taking.

I understand that Fieldscape LLC makes NO ATTEMPT to diagnose, prescribe, prevent, or treat any physical and/or biochemical disease, but only provides the means to theoretically address the quantum bio-field or to, otherwise, help the body heal itself.

I also understand that consultations are based, in part, on the information I provide about myself, and, therefore, certify that all information provided about my health conditions and lifestyle (or about those whom I represent) is accurate to the best of my knowledge.

I acknowledge that Fieldscape LLC, hereby, encourages me to visit my physician for medical emergencies; acute viral, bacterial or other physical/biochemical diseases; and any other condition that requires medical attention.

Furthermore, should I choose to use them, I understand that Infoceuticals are preserved in ethanol -- 5% by volume. Using a typical maximum dosage of Infoceuticals, I may ingest as many as 5 drops of ethanol per day during a given protocol.

Finally, I confirm that I am at least 18 years of age, or I am the parent or legal guardian of the client (named below) receiving services from Fieldscape LLC, and I am completing this form on his or her behalf.

I (or the named client) am not pregnant, under six years old, do not have a heart pacemaker or any form of electronic implant, and have not had an organ transplant. I am fully competent to make my own health care decisions or to make such decisions on behalf of the client for whom I am signing.

By signing this form, I agree to release and hold Fieldscape LLC harmless from all liability arising directly or indirectly out of any matter related to its services.

Date \_\_\_\_\_

**[FIELDSCAPE LLC: CLIENT DISCLAIMER AND RELEASE FORM]**

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This agreement represents the complete and entire agreement between Fieldscape LLC and me. I have read and understand this Disclaimer and Release Form, and I authorize and accept the proposed terms of care.

I declare that I understand all the terms and conditions herein.

\_\_\_\_\_  
Client Name (Print)

\_\_\_\_\_  
Parent/Legal Guardian Name (Print)

\_\_\_\_\_  
Signature of Client or Parent/Legal Guardian

\_\_\_\_\_  
Date

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