



Informed Consent Statement

Name: _____

Address: _____

Phone: _____

I, _____, his/hereby attest and agree to the following:

- 1) I fully understand that **Pamela McKee** is a Stress Management Specialist and Wellness Coach who deals strictly in helping people to improve their general health and fitness through better nutrition, improved lifestyle and health habits, & positive mental attitudes.
- 2) I fully understand that Pamela McKee is not a licensed physician and does not diagnose diseases, prescribe drugs or recommend treatments, prevention or cures for specific disease condition
- 3) I understand that all sessions performed by Pamela McKee or any of his/her representatives are
 - designed to detect stress for the sole purpose of helping me to improve my general health through nutrition, habits and attitudes. I further understand that said sessions cannot determine specific disease conditions I may have, and do not replace the diagnostic services offered by licensed physicians.
- 4) I understand that Pamela McKee neither claims or implies that any instruction, advice, counsel, suggestions, services or products that she or his/her representatives provide, whether in person, by mail or telephone, will cure, treat, prevent or mitigate any disease condition: but are provided solely for the purpose of detecting and reducing stress, and providing relaxation training, thereby potentially increasing energy, supporting the natural function of the body systems and otherwise improving general health & fitness.
- 5) I certify that Pamela McKee or his/her representatives have not suggested that I cease medical care I may be currently undertaking. I understand that the decisions I make regarding my health care and the health care of those under my guardianship are my responsibility and certify that I will not hold Pamela McKee or his/her representatives responsible for the consequences of my decisions.
- 6) I certify that I am here on this and on any subsequent visit or contact, whether by mail, phone or in person, solely on my own behalf and not as an agent or representative of any federal, state, county, or local government or private agency on a mission of investigation.
- 7) I have read and understand the foregoing and agree to the terms and conditions set therein. I have received a copy of this agreement.

***Not available for Pregnant Women or people with a pacemaker or other electronic medical device**

Dated: _____ Printed Name: _____

Signature: _____