

# Holistic Health Clinic of Georgia

## Liability Waiver

I fully agree to release any and all liability or accusations. By signing below you full to agree to hold harmless and release any and all liability of Randall Lawson and or Holistic Health Clinic of Georgia. Also this is only agree that we only offer suggestions and if you seek medical advice you will contact you primary care provider, or any licensed medical provider.

The FDA requires us to specifically state that any herbal or natural remedy is not responsible for any licensing, approval of, and requires us to state all as These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.

We strive to provide everyone with the best service possible. We hold the right to refuse service to anyone at any time.

If you have any questions you agree to ask them before hand, and you agree to advise us if you are not satisfied with the answer or treatment.

## Payment Disclosure and Terms

Payment is due at time of service, and fee's should be discussed prior to visit. Any supplements must be paid for at the time order. Please allow 10 ten business days for the item to arrive.

By signing below you agree to the terms set forth and hold Holistic Health Clinic of Georgia harmless of any liability.

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Name

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Signature

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Date