Synergy Herbal Works

**Agreement Form**

Sherri Stickler, Consulting Herbalist · synergyherbal1@gmail.com · 931-510-5201

* This agreement is between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Sherri Stickler, Consulting Herbalist at Synergy Herbal Works, for the express purpose of exchanging information in regards to optimizing health the natural way. The Information given be Sherri Stickler is based on information found in the general realm and God’s laws.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_gives Sherri Stickler his/her permission (all rights) to discuss openly and freely his/her health issues and information on balancing these issues, between each other. All information is considered confidential and will be treated as such.
* I understand that Sherri Stickler is not a medical doctor and I am not here for medical diagnostic or treatment procedures.
* I attest that I am here, on this and any subsequent visit, solely on my behalf and not as an agent or representative for any federal, state, or local agency on a mission of entrapment or investigation.
* I understand that the information given by Sherri Stickler is at all times limited strictly for my educational purposes and only on the subject of health matters. This information is intended for the best possible state of health and does not involve the diagnosing, prognosticating, treatment, or prescribing of remedies for the treatment of disease.
* If I use any information to treat a disease process without my medical doctor’s approval, I am prescribing for myself and exercising my Constitutional Rights.
* All diet, nutritional, herbal, homeopathic, fasting, or other health information and suggestions received by me from Sherri Stickler, is for my personal information only. If I choose to follow any of the information received, I do so on my own behalf, on my own decisions based upon my own personal beliefs.
* I fully agree to hold harmless Sherri Stickler and any persons at Synergy Herbal Works, with whom I speak in any manner. I assume total responsibility and liability for my actions.
* This agreement is to establish a mutual trust, relationship, and understanding. Therefore, by my signature below, I acknowledge that I have read the above and agree to the terms stated. This affidavit is signed by me without coercion or remuneration.

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Signature Date

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Please Print Your Name Witness