



## Skilling Institute

### Acknowledgment and Waiver of Liability

I, \_\_\_\_\_, hereby certify and agree as follows:

I accept full responsibility for my health and voluntarily complete this Acknowledgment and Waiver of Liability.

I certify that I am seeking the consultation and treatment services of Skilling Institute for alternative healing information, suggestions and therapies, which I fully understand are not medical diagnoses or treatments or substitutes for medical diagnoses or treatments.

I certify that, with respect to any medical conditions or concerns I may have, I have been advised by the Skilling Institute to consult with my personal health care physician, and understand that the Skilling Institute, is not a primary care physician, and I do not view the Skilling Institute, him/her as my physician. The Skilling Institute, his/her practice specializes in information regarding natural approaches to health and healing. This includes, but not limited to, information regarding nutrition, therapies, technologies, and energy techniques and therapies.

I understand that the Skilling Institute does not handle medical conditions or emergencies and does not manage or maintain medical facilities, or hospital privileges.

In seeking to become a client of Skilling Institute, I understand I am seeking information regarding analyses and/or therapies that may not be FDA registered or approved and may not be offered by practicing physicians (allopathic or otherwise) and which may be considered experimental. These include, but are not limited to, Photon Genie, Photon Genius, Nutrition, Rejuvenation and Detoxification, and Energy Balancing techniques and technologies.

I understand and agree that the Skilling Institute does not make any claims or guarantees whatsoever, expressed or implied, regarding accuracy of information, effects or outcomes of the information, analyses or therapies provided, and shall not be liable for some.

I certify that I seek the information, advice, technologies and therapies recommended by the Skilling Institute solely in my personal capacity, and do not represent any governmental agency, agency of law enforcement, law firm, attorney, or investigator. I am not involved in a lawsuit nor am I gathering information for a potential lawsuit by myself or others.

I understand and agree on behalf of myself, my family, my dependents, heirs, administrators, legal representatives, agents and assigns, to release and hold harmless the Skilling Institute, any and all associates, employees, agents and representatives thereof, from any and all liability for illness, injuries, or death, and for any losses or damages relating thereto, however occurring, in relation to my consultation with and/or information, recommendations, technologies, therapies, or treatments recommended by the Skilling Institute. Without limitation, I understand and agree that neither the Skilling Institute, nor any associates, employees, agents, or representatives thereof, is liable for any direct, indirect, consequential, or incidental damage, injury, death, loss, delay, or inconvenience of any kind which may be occasioned by reason of any direct/indirect act, or omission, including, without limitation, any willful or negligent act or failure to act, or breach, of contract or otherwise.

My signature below indicates that I have carefully read and reviewed this Acknowledgment and Waiver of Liability, and I fully understand all of its terms and conditions; I recognize and accept all risks and limitations involved in seeking information, advice, technologies, treatments, therapies from the Skilling Institute and any associates, employees, agents and representatives thereof; I have not relied upon any other information, promises, agreements or representations by the Skilling Institute, or any associates, employees, agents or representatives thereof concerning the information, technologies, therapies, or recommendations provided or the terms of this Acknowledgment and Waiver of Liability; I have been advised and encouraged by the Skilling Institute to seek the advice of legal counsel concerning this Acknowledgment and Waiver of Liability; and I execute and deliver this Acknowledgment and Waiver of Liability freely and voluntarily and without duress or coercion and with full knowledge and complete understanding of all the representations contained herein and any and all rights relinquished, surrendered, released and discharged hereunder.

UNDERSTOOD, ACCEPTED AND AGREED

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Client's Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Witness' Name (printed)

\_\_\_\_\_  
Date