

Waiver

Theraphi™ and/or Harp Therapy with Elissa Levitz David

The information and services provided by Elissa Levitz David are not offered as medical or psychological advice and should not be considered medical or psychological advice. The services are not intended to replace participant's relationship with health care provider(s), nor should participant stop taking any medication. Always seek the advice of your physician or other qualified health care professional with any question(s) you may have regarding any mental, physical, or behavioral conditions.

If you think you may have a medical or psychiatric emergency, call your doctor or 911 immediately.

- I understand that this is a service of energetic and spiritual nature, and in no way is a replacement for medical or psychological care.
- I understand that Theraphi™ is still experimental, and no medical claims can be made until more formal studies are conducted.
- I understand that I cannot use a Theraphi™ if I am pregnant or have a Pacemaker.
- I understand that if I have titanium or stainless steel plate implants I should proceed cautiously, as overexposure can be counterproductive.
- I understand that if I have a fast metabolism or nervous disposition I should proceed cautiously, as overexposure can be counterproductive.
- I declare to be physically and mentally capable to participate in services with Elissa Levitz David.
- I agree to take full responsibility for myself as I receive services with Elissa Levitz David.
- I will not misrepresent myself to Elissa Levitz David in regard to my health status at any time.
- I will inform Elissa Levitz David if the session should be ceased.

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- By participating, I WAIVE ANY AND ALL CLAIMS that I may have against Elissa Levitz David.

I enter into this agreement of my own free will without any pressure or coercion. I affirm that I do not represent any Local, State or Federal agency whose purpose is to regulate and approve products or services, or to carry out any mission of enforcement, entrapment or investigation. I have read and understood this document, and my questions have been answered fully to my satisfaction. I have carefully read the whole of this document and I understand and agree with it.

Participant Name (Print)

Participant Signature

Date: