

Private Request for Services and Waiver

To: Julie Eggemeyer, Homeopathic Consultant and Educator

Dear Ms. Eggemeyer:

I understand you are a qualified practical homeopathic practitioner and are knowledgeably employing techniques and strategies according to the accepted standards of homeopathic practice and pharmacology, and used by homeopathic physicians and practitioners worldwide, aimed at the alleviation and elimination of acute and chronic disorders applying homeopathic principles and restoring health. And, that you may be willing to provide me with particular expert consultation, specialized information and services relative to my own particular health condition, and/or that of my child, pet, or livestock.

I hereby acknowledge and confirm that such information and services as may be provided me as a result of this request are expressly agreed to be used for my personal and private use and are not to be used for further distribution, and are to be kept strictly confidential, and cannot be construed as medical, dental, chiropractic, veterinary medical, or any other diagnosis, treatment or advice, or the practice of medicine, chiropractic, dentistry, veterinary medicine or pharmacy or the manufacturing, marketing, or retailing of drugs.

Please be advised, Ms. Eggemeyer, that I expressly confirm and acknowledge that I am fully aware of the fact that you are not in any way professing or holding yourself out to be a licensed medical doctor, physician, chiropractor, dentist, veterinarian, pharmacist, or any other service provider "Qualified" by "Licensure" under any State or Federal Government law, and that you charge only for the time, care, and expertise necessary for each private consultation.

Furthermore, take note that I am fully aware of, and do hereby willfully acknowledge the fact that, any and all services and information you may choose to provide me is in direct response to this personal private request only, and that in no way can such an exchange of services or information between us be considered a solicitation of services, funds, or any other offering of any sort or kind on your part, and I alone am fully responsible for how I use the information obtained and any treatments or remedies I decide to take myself or administer to my children, animals, or livestock.

Accordingly, I do hereby directly and expressly represent that I am not an informant, Investigator or Agent of any kind, nor in any way associated with either the Federal U. S., or U. S. State Governments, not any of their Administrative or Quasi-Administrative Agencies, including, the Medical Board, or Board of Medical Examiners, or any other Professional

Board, or any other public or private organization, Bureau, Department, or Agency, foreign or domestic, whose purpose, either directly or indirectly, is to gather information regarding such matters as we may be discussing.

Additionally, I hereby agree to pay you fully the fees required for such services, and expressly admit that I have not requested such services and information solely for the purposes of "inquiry," but in an honest and legitimate attempt to ascertain the validity of your strategies to restore my or my family's, or my pet's, or livestock's health relative to one or more specific health conditions, and in consideration of further partaking of the services made available through yourself.

Sworn to under penalties of perjury under the laws of the United States of America (28 U. S. C. § 1746) this _____ day of _____, 20_____

Print Full Name

Signature (Parent/Guardian if child under 21)

Address

Phone Number