

Disclaimer and Agreement

Fax back to 480-315-6503 or email to: drlouise@4MyHealthAZ.com

Reverend Walter Gutowski and Reverend Louise Gutowski are ordained ministers using energy healing to help people on a spiritual level. Although Walter Gutowski is a chiropractor and Louise Gutowski is a naturopath, both of whom are duly licensed in their respective professions in and by the state of Arizona, they are not conventional medical doctors. This treatment is a spiritual energy healing performed as a reverend of a church in a spiritual capacity. They do not claim to cure, diagnose, prevent or treat any type of disease, illness or medical condition or take the place of any professional medical care. Rev. Walter Gutowski uses the power of his intent to have the person receiving the energy to obtain the best possible outcome.

I, the undersigned, take personal responsibility for my well-being and accept control of my choices. My heirs, guardians, legal representatives and I hereby and forever release, waive and discharge any claims against Rev. Walter Gutowski and Rev. Louise Gutowski. I take full responsibility and am responsible for all liability for loss or injury incurred while in association with or applying spiritual energy techniques and information learned from Rev. Walter Gutowski and Rev. Louise Gutowski.

I understand this is a long distance spiritual energy healing by Rev. Walter Gutowski. I have never been in the office of Rev. Walter Gutowski and Rev. Louise Gutowski and I have never been examined or treated by either of them.

If I have an appointment and fail to contact and cancel my appointment with Rev. Walter Gutowski and/or Rev. Louise Gutowski 24 hours prior or fail to call at the specified time of my appointment that I will be responsible for full payment of that appointment whether for me, my underage child or my pet.

I am over 18 years old and have read and understand the above.

(Please complete the form below and sign and date at the bottom:)

Print Name: _____

Address: _____

Day Phone: _____ Mobile Phone: _____

Email: (Print clearly) _____

If a person is a minor or a pet is to be treated:

Print Minor Child's Name: _____ Pet's Name: _____

Guardian's Signature: _____

Print Guardian's Name: _____

Signature: _____ Date: _____