ANew Health

Minor Consent & Release of Liability Form

I, ________________________________, consent for Tricia Trafford, FNP to consult with my son/daughter __________________________________, and to address his/her health concerns.

I understand and acknowledge that Tricia has made it clear to me that all guidance, counsel, and advice that my son/daughter receives from her is to help improve his/her health through an Integrative approach to wellness. I understand that Tricia is not acting as a Primary Care Provider for my son/daughter. I state that I have voluntarily sought Integrative Wellness Services are for my son/daughter and take full responsibility for the decisions I make for his/her health.

I understand that Tricia will recommend science-based supplements for my son/daughter, to order directly from professional distributors. I release Tricia and ANew Health from any and all responsibility and liability if I choose to order outside of her recommended supplements for him/her.

I understand that Tricia adheres to professional guidelines in terms of frequency of appointments, either by phone or in-person. I agree to adhere to ANew Health's policies for telephone and office appointments.

I understand that ANew Health is part of the vision of Wings of Healing Ministries. I release Wings of Healing Ministries, ANew Health, and Tricia Trafford, FNP, from any and all claims of actual or implied liability that may arise now or in the future as a result of any/all programs.

I agree that I will not make for any reason a claim against, sue, or seek to attach the property of Wings of Healing Ministries, Inc., its agents, employees, officers, and directors. Furthermore, I agree that I will waive all actions, claims or demands that I now or hereafter may have, for any injuries suffered by __________________________ during his/her voluntary participation to improve his/her health, resulting from negligent act(s), or omissions of any participant in ANew Health which is part of Wings of Healing Ministries, Inc.

I have read this agreement and fully understand its contents. I am aware that this is a release from liability and an agreement between me and Wings of Healing Ministries, Inc., for the care of _________________________ which includes ANew Health and Tricia Trafford, FNP. I sign this agreement of my own free will, verifying that all information herein is accurate and true.

Name: ____
Please Print Your Son's or Daughter's Name

Relationship: ___ Daughter ___ Son

Print Parent's Name: ____

Parent's Signature: ____ Date: _______________________
Signature of Parent or Legal Guardian is required if under the age of 18

Witness: ____ Date: _______________________