



Grey Wolf Healing

Jonathan Polgar, Rev.

Mountain Medical Arts
2 South Main Street
Burnsville, NC 28714
greywolfhealing@gmail.com
413-977-6660

INFORMED CONSENT AGREEMENT

I, _____, understand that Grey Wolf Healing (GWH), performed by Jonathan Polgar, is for the purposes of relaxation, stress reduction, clarifying and energizing goals, energy balancing, releasing blockages and limiting beliefs.

I understand that GWH does not diagnose illness or disease, or any other disorder, and that Jonathan Polgar, dba Grey Wolf Healing, does not prescribe medical treatment or pharmaceuticals. I understand that GWH is not a substitute for medical examinations, medical care, or mental health care, and that it is recommended that I am concurrently working with my primary caregiver for any condition I may have.

I have stated all my known physical conditions, medical conditions, and medications, and I will keep the practitioner updated on any changes. I agree to advise Jonathan Polgar should I feel any discomfort or pain, physically or emotionally, so that he may take appropriate steps to address it.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Jonathan Polgar from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

Client signature

Date

Printed name