Congratulations, you are taking a great step towards better health & wellness!

Doctor Notification Policy:

It is common practice for naturopaths, nutritionists, and other non-licensed practitioners to collect your signature on a liability waiver form such as this. By doing so you acknowledge that it is your responsibility to deliver all laboratory test results, now and in the future, to your own physician for any *medical* interpretation or opinion regarding any laboratory results provided by Sean Croxton or his affiliates. The undersigned agrees that he or she will receive a nutritional interpretation of the test results from Sean Croxton that is to be used exclusively by the undersigned as an educational tool for personal health purposes. However, the personal physician of the undersigned may use these same laboratory results to diagnose and treat disease. The information on Sean Croxton's web sites, brochures, flyers, and information packets are believed to be extremely accurate, but such accuracy cannot be guaranteed by Sean Croxton, his independent representatives, associates and affiliates as we are not the originators of the underlying data used in the interpretation. The undersigned releases Sean Croxton from any liability for injury or loss arising out of the use of, or reliance on, the laboratory results and/or the dietary, supplement and lifestyle suggestions provided. Before making any changes to the exercise, diet or nutritional or hormonal supplementation of the undersigned, a physician should be consulted.

Sean Croxton does not diagnose, cure or treat any illness or disease. *Out of reference laboratory reference range results* will be indicated on the official lab result form provided by Sean Croxton from a State Certified Laboratory to the undersigned. This information is not intended to, cannot, and should not be expected to substitute for a personal consultation with your own physician. Further, the undersigned releases Sean Croxton his lab partners, his independent representatives, associates and affiliates from any and all liability for any failure to identify any medical condition or disease. It is understood and agreed that this is not the purpose of their services.

Refund policy:

Signature	Date

Please scan and send to sean@undergroundwellness.com or fax to 619.923.2786