



If you are a NEW client, please email this form for back to johann@bestlifetherapies.com – this is NOT a requirement for Repeat Customers.

If you have purchased a photo session, please email a photo of yourself to johann@bestlifetherapies.com

Quantum Consultants are working under supervision.

Client Consent Form

Name: _____

Surname: _____

Date of birth: _____

Phone Number: _____

Email address: _____

Home Address: _____

Responsible Party if under 18: _____

I, _____ (complete Name and Surname), hereby agree, accept, and declare the following:

- That I give permission for a Quantum Consultant or Counsellor from Best Life Therapies to do a Quantum Assessment during a live session, video session or on my



photograph by accessing my electromagnetic energy through Muscle Testing.

- I understand that the Quantum Assessment will be done via proxy muscle testing.
- I understand that Muscle Testing and a Quantum Session is not a substitute for medical care.
- I understand that any information given during a session or in a session report is not intended as medical advice and should not be used for medical diagnosis or treatment.
- I understand that the information given to me in any session is not intended to create any physician-patient relationship, nor should it be considered a replacement for consultation with a healthcare professional.
- I understand that Best Life Therapies do not make any claims to heal me or to guarantee recovery from any illness. The information provided is offered as a service and is not meant to replace any medical treatment. No guarantee is made. I agree to use this information at my own risk.
- I understand that the consultant or counsellor is not medically trained, and therefore not diagnosing any medical or physiological ailment or conducting medical treatment. This is merely an informative session to guide and assist me in dealing with possible trauma frequencies trapped in the body and emotional baggage from the past.
- I also understand that Best Life Therapies uses a Healing system, used for informative purposes, but not used to diagnose any medical conditions or ailments. This system cannot be used in place of or as a replacement to conventional medical care and doctor prescribed medication, and the Quantum Consultant will never advise a client otherwise. I hereby release any consultant or counsellor of Best Life Therapies from any past, present, or future health related or psychological problems and liability issues that I may have or may arise after a session.

Signed at _____ on the date of _____