**Zyto Scan Waiver**

**Message / Waiver Of Liability**

**The ZYTO Balance Scan is a highly accurate and dynamic wellness screening tool. We will scan to determine your biological coherence. The 4 systems that will be scanned are:**

**The Detoxification System  
The Gastrointestinal System  
The Hormonal/Endocrine System  
The Immune System**

**The ZYTO bio scan relies on galvanic skin response (GSR)—an established technology that measures fluctuations in electrical conductivity of the skin. One familiar application of GSR is lie detector testing. You understand this and release all liability from Restoration Wellness, Kimberli A. Almonla, the practitioner, for this test, and know this test is for educational purposes only.** Top of Form

Bottom of Form

**I understand that any therapies, consultations, workshops, products sold, & wellness plans given here are for the sole purpose of education. I understand that Kimberli A. Almonla, owner of Restoration Wellness does not diagnose illness, disease, or any other condition/physical/mental disorder. As much, the practitioner (Kimberli A. Almonla) does not prescribe medical treatment/pharmaceuticals nor does she manipulate the spine. It has been made very clear to me that the services provided here at Restoration Wellness are not a substitute for medical treatment/exams/diagnosis and that it is recommended that I see a physician for any physical ailment that I may have. I understand that I need to make the practitioner aware of any medical conditions and that I take it upon myself to keep the practitioner (Kimberli A. Almonla) aware of any future medical diagnosis, or problems. I understand that all information is given for educational purposes ONLY and not to be taking the place of the advice or prescriptions given by your medical doctor. None of the information given is approved by the FDA. I assume all responsibility for my own health decisions and treatments. Nothing is intended to treat, cure, diagnose or prevent any disease or conditions.**

**ALWAYS seek medical advice from your doctor.**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Practitioner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_