Terms of Acceptance: When a patient seeks NATURAL/HOLISTIC health care/advice and we accept a client for such care, it is essential for both to be working towards the same objective.

Naturopathy has only one goal, that is to learn the root cause of your ailments/conditions and assist you in bringing greater balance to your mind/body health. It is important that each client understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

Testing: We use ZYTO technology to perform an assessment using a Hand Cradle to measure your body's galvanic skin response (GSR). The data gathered by the Hand Cradle is evaluated by the software in the context of various digital signatures. Digital signatures are representative of a wide range of things like foods, nutritional supplements, body organs, and systems. Iridology may also be used. It is a non-invasive way to read the body's systems using a picture of your eye. Let your practitioner know if you have any eye issues that may be contrary to a bright light being put to your eye for 10-20 seconds.

Health: A state of optimal physical, mental, and social well-being, not merely the absence of disease or infirmity.

I am a natural medicine doctor. I am not a medical doctor. I do not offer to diagnose or treat any disease or condition other than addressing possible root causes and natural means of thriving and living well. If you desire advice, diagnosis, or treatment for those findings, I recommend that you seek the services of a medical health care provider.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. OUR ONLY PRACTICE OBJECTIVE is to eliminate major interference to the expression of the body's innate wisdom. Our only method is testing, addressing root cause through Detoxification, Nourishment and Adapting Healthy Emotional Responses to manage life without stress.

I, ____ (Print name of client) have read and fully understand the above statements.

____ (Signature) Date: ___________________

Consent to have a consultation with a minor child.

I, ____ (Print name), being the parent or legal guardian of ____ (Print name), have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive natural health care.

Pregnancy Release

This is to certify that to the best of my knowledge I am not pregnant, and the above practitioner and her associates have my permission to perform Iridology and/or Zyto testing.

Dr. Christina Melancon, CPT, CNC, CFTS, CFNS, CDS II

____ Date: ____________________

Informed Consent for Wellness/Nutrition Consultation

I acknowledge that Christina Melancon is not a medical doctor. She is a Naturopathic Doctor, Certified Detoxification Specialist and Certified Nutrition Coach, trained in ZYTO technology and other natural-health modalities. I acknowledge she is not a Licensed mental health therapist and will not render mental health services. She is a Certified Emotion Code Practioner and is trained in Evox Perception Reframing and Somatic Therapy to assist with emotional health through these modalities.

I understand that she will assist me in restoring my health by addressing the root causes of my described imbalances. Her approach is patient/client-centered and science-based. She will use a detailed understanding of my genetics, biochemical, and lifestyle factors and create a personalized plan to help address current concerns affecting my health and wellness. This may include food and supplement recommendations from the ZYTO report and/or her own analysis. All recommendations in lifestyle and stress management techniques, exercise, whole-body cleansing, detoxification, and advanced therapeutic nutrition. I understand that Dr. Christina Melancon does not diagnose, treat, cure or claim to cure any diseases.

_____ Initial
The initial Consultation Fee: $200
Consultation includes 2-3 ZYTO scans which may include: balance, hydration scan, food wellness scan, digestion scan, emotions scan, vitamin/mineral scan. The consultation fee for Dr. Christina Melancon is based on the service provided and agreed upon. The initial visit is to be paid-in-full at time of service. The appointment will last approximately 1-1.5 hour(s). The testing results will be reviewed with you.

_____ Initial
If you choose to participate in an ongoing wellness program, follow-up appointments are: $99.00. These are recommended every 4 weeks until you feel you have reached greater balance and wellness. These appointments may include any of the services/modalities offered by Ivy Vitality Wellness Center. This appointment generally lasts 1 hour.

_____ Initial
Nutritional Supplement Purchases:
I understand that the cost of any product recommendations is not included in my consultation fee. I also understand that these products are recommended by to be "used at my own risk," meaning I (the client) must be aware if any products are contraindicated to any medications I am currently taking, or will react adversely to any allergies I have. I am advised to consult with my health care provider prior to using any products recommended by Dr. Christina Melancon.

Method of Payment: Cash, check, or Venmo are the only forms of payment accepted.

_____ Initial
Scheduling Policy: I understand that Christina Melancon or a staff member of IVY Vitality will contact me

at least 48 hours prior to my appointment to confirm. I understand that if I want to reschedule or cancel my appointment for any reason, it is my responsibility to call during business hours of 8-5 pm at 985-242-0399.

_____ Initial
Time allotment: I understand it is my responsibility to observe the length of time my consultation is taking. Although Christina Melancon is glad to answer questions during the consultation, it naturally extends the length of time of the consultation time. I understand that if I do not wish to go beyond a certain time limit, I need to inform Christina Melancon before the consultation begins.

_____ Initial
Your scheduled time is allotted specifically to YOU. On the rare occasion, due to the nature of a consultation practice, I understand there may be interruptions during my consultation time. If this happens, the number of minutes of the interruption will be deducted from your allotted appointment time.

_____ Initial
I understand my success in learning how to attain better health is dependent upon me being teachable, open to change and committed to loving myself without compromising and following through with my wellness plan.

In consideration of the risk of injury while participating in PHYSICAL EXERCISE, or any of the aforementioned modalities/services (the "Activity (ies)"), and as consideration for the right to participate in the Activities, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge IVY VITALITY, LLC, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY (IES) ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY (IES), WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless IVY VITALITY, LLC against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If IVY VITALITY, LLC incurs any of these types of expenses, I agree to reimburse IVY VITALITY, LLC. I acknowledge that IVY VITALITY, LLC and their directors, officers, volunteers, representatives, and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of IVY VITALITY, LLC. I acknowledge that this Activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE IVY VITALITY, LLC AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST IVY VITALITY, LLC FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of IVY VITALITY, LLC, its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength.

Both the Participant, ___________________________, and IVY VITALITY, LLC agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed, and enforced as so limited.
In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact Contact Relationship Contact Telephone
I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Participant's Name: ____
Signature: ____
Date: _____________________