**Release Form  
  
Please read and sign and keep for your records. Do not submit this form to 4a Nu U.**

I understand that the information I have shared during the consultation will remain confidential and only be shared with the blend master at 4a Nu U. My name will not be disclosed and my personal information will never be discussed outside of the context of the case studies at 4a Nu U.

I have stated all my known conditions and have answered all questions honestly. I take it upon myself to keep the practitioner updated on my health.

I understand that the consultant does not diagnose, prevent or treat illness, disease or any other physical or mental conditions.

I understand that this treatment is not a substitute for medical treatments and/or diagnosis, and it is recommended that I see a qualified professional for any physical or mental condition that I may have.

I understand this treatment is not a substitute for medical care.

I have read the “Safety Information Page” and agree to follow of these guidelines.

I understand the following:

* I am not being advised to take any essential oil products internally
* I must keep all essential oil products out of the reach of children
* Essential oils could be poisonous if swallowed
* Essential oils must be stored in a cool, dark place
* Essential oils may irritate the skin if not stored or used properly
* Essential oils must not be used on the skin of babies or children under 1 years old
* Essential oils must be used with extreme caution for children under 5 years old
* Use of essential oils with animals is not taught at 4a Nu U

I hold my essential oil consultant, (*Name of consultant)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ harmless for any injuries or negative effects I may experience as a result of using the products I receive from this consultation.

I hold 4a Nu U and it’s owners harmless for any injuries or negative effects I may experience as a result of using the products I receive from this consultation.

Client Signature Date