

**ALPHAOMEGAFOOD.COM
AUTHORIZATION FORM**

I, _____, in affixing my signature to this instrument do hereby agree to and understand the following:

1. That Douglas D. Polk is a natural health counselor as well as an ordained minister who is legally able to instruct and educate others in self-help methods of health such as the use of proper exercise, diet, nutritional supplements, water, sunshine, fresh air, rest and attitudes;
2. That Douglas D. Polk in no context of the phrase "practices medicine" and therefore does not diagnose, prescribe, treat, administer, cure, heal or otherwise perform a duty which is reserved for those who are licensed to do so;
3. That any instruction concerning a healthful lifestyle is incidental to any particular illnesses and diseases I may have, and therefore such instruction is not made in direct reference to them;
4. Any healing of illnesses or diseases I may experience as a result of my following the instruction of Douglas D Polk was purely the result of the body healing itself once a naturally right lifestyle was introduced, for it is only the body that heals itself, not any person;
5. That no claims or guarantees have been made as to any health benefits that may result from my following the instruction given by Douglas D Polk concerning a naturally right lifestyle;
6. That the instruction given by Douglas D Polk in no way replaces proper medical care, and that I am free to choose a naturally right lifestyle in addition to proper medical care;
7. That I have on my own free will chosen to consult with Douglas D Polk in an effort to learn more about health;

Signed: _____ Date: _____