

**Trevor's Love, Inc.**  
**AGREEMENT FORM**

**Tamara L. Black** ♦ Business Phone/Fax (717) 643-1294

- **I fully understand that anyone that I speak with at Tamara Black's office is NOT a medical doctor and I am not here for medical diagnostic or treatment procedures. I also understand that Tamara Black is NOT a licensed medical professional in the state of Pennsylvania or any other territory.**
- The information given by Tamara Black, Health Counselor, is at all times limited strictly for my educational purposes and only on the subject of health matters. This information is intended for the best possible state of health and does not involve the diagnosing, prognosticating, treatment, or prescribing of remedies for the treatment of diseases.
- In consideration of one dollar and other considerations, this agreement is between \_\_\_\_\_ and Tamara L. Black, Health Counselor, for the express purpose of exchanging information in regards to gaining health the natural way. The information given by Tamara L. Black, Health Counselor, is based upon God's laws.
- \_\_\_\_\_ gives Tamara Black his/her permission (*all rights*) to discuss openly and freely his/her health issues and solutions to these issues, between each other.
- I attest that I am here, on this and any subsequent visit, solely on my own behalf and not as an agent or representative for any federal, state, or local agency on a mission of entrapment or investigation.
- All diet, nutritional, herbal, homeopathic, fasting, and other health information and suggestions received by me from Tamara Black, Health Counselor, is for my personal information only.
- If I choose to follow any of the information received, I do so on my own behalf, and on my own decisions based upon my personal beliefs.
- If I use any information to treat a disease process without my medical doctor's approval, I am prescribing for myself and exercising my Constitutional Rights.
- I fully agree to hold harmless Tamara Black, Health Counselor, and any persons at this office or company, with whom I speak in any manner. I assume total and all responsibility and liability for my actions.
- This agreement is to establish a mutual trust, relationship, and understanding. Therefore, by my signature below, I acknowledge that I have read the above and agree to the terms stated. This affidavit is signed by me without coercion or remuneration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Your Name

\_\_\_\_\_  
Witness

\*In the case of a dispute of any kind, I surrender all Court Actions for Mediation.