

**Somerton Natural Health Inc.**  
**John Somerton BSc.**  
**Holistic Health and Wellness**

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*Helping you achieve true health-naturally...*

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**FEE SCHEDULE / LIABILITY WAIVER AND RELEASE SOMERTON NATURAL HEALTH INC.**

I, \_\_\_\_\_, the undersigned understand that John Somerton is not a medical doctor. As such, I acknowledge that it is my right and responsibility, at any time throughout my treatment with John Somerton, to seek medical counsel and diagnosis, if so desired, from a medical doctor, for any present and/or future condition(s). I also reserve the right to terminate treatment at any time if so inclined. I acknowledge that the state of my health is my own responsibility and that I am exercising my right to choose an alternative methods of treatment that addresses my health in its entirety.

**FEE SCHEDULE (July 1, 2024)**

<b>BIO-MAGNETIC RE-BALANCING</b>	\$ 40.00
<b>BODY CHARGING</b>	\$ 40.00
<b>BODY DETOX MASSAGE</b>	\$ 80.00
<b>CASE TAKING (Initial Assessment)</b>	\$ 50.00
<b>COLD LASER PAIN / SKIN THERAPY</b>	\$ 40.00
<b>EMOTIONAL CENTERING THERAPY</b>	\$ 40.00
<b>HAIR LOSS RESTORATIVE THERAPY</b>	
Individual Sessions	\$ 45.00
Groups of 10 Sessions	\$ 400.00
<b>IONIC FOOT BATH DETOXIFICATION</b>	\$ 45.00
<b>JOINT MASSAGE</b>	\$ 80.00
<b>STOP-SMOKING CONSULTATION</b>	\$ 50.00
<b>WARM SCULPTING (FAT LOSS) THERAPY</b>	\$ 50.00
<b>WEIGHT LOSS CONSULTATION</b>	\$ 50.00

**Please Note:**

- All fees are payable at the end of each consultation (Visa / Mastercard / Cheque / Cash). Fees do not include HST.
- Patients are required to notify Somerton Natural Health Inc. if they are unable to make an appointment at least 24 hours before their scheduled appointment time, otherwise a \$ 50.00 service charge or session value equivalent will be applied to their account.
- Results will vary. There is no guarantee of cure.

**I AGREE NOT TO HOLD SOMERTON NATURAL HEALTH INC., IT'S OWNERS, DIRECTORS, OFFICERS, EMPLOYEES, THERAPISTS, PRACTITIONERS, AGENTS, SUPPLIERS OR ASSOCIATES liable for any injury, damage, reaction, illness and/or mental or emotional trauma that I may sustain as a result of my ongoing treatments / therapies at Somerton Natural Health Inc. ... of which are all done entirely at my own risk and by my choice. I release, waive and forever discharge Somerton Natural Health Inc. of and from all claims, demands, damages, costs, expenses, actions and causes of action, in respect of death, injury, loss or damage to my person or my property, arising by reason of my attendance at or participation in activities at Somerton Natural Health Inc. I acknowledge that I have read the above acknowledgement, waiver and release agreement.**

**Patients Signature:** \_\_\_\_\_  
(If under 18 yrs of age, a parent or guardian must sign on your behalf)

\_\_\_\_\_ Date