

WHN Health Education Alliance

Article IX – U.S. Constitution *“The enumeration in the constitution, of certain rights, shall not be construed to deny or disparage others retained by the People.”*

Colorado Constitution *“The enumeration in the constitution, of certain rights, shall not be construed to deny or disparage others retained by the People.”*

Under the Ninth Amendment to the Constitution of the United States of America, I retain the right to freedom of choice in health care and educational services. This includes the right to choose my diet, and to obtain, purchase and use any therapy, regimen, modality, remedy or product recommended by the therapist, doctor, or practitioner of my choice. The enumeration in this Declaration of these rights shall not be construed to deny or disparage other rights retained by me, or my right to amend this declaration at any time.

Constructive Notice

Notice is hereby given to any person who receives a copy of this Declaration and who (acting under the color of law, and/or, Federal, State or Local government regulations) intentionally interferes with the free exercise of the rights retained by me under the Ninth Amendment and the corresponding sections of the Colorado, Constitution (as enumerated in this Declaration) that they may be in violation of my civil and constitutional rights, Title 342 U.S.C 1983 and Title 18, Section 241.

I agree that the jurisdiction of my relationship with the Alliance within the State of Colorado, and only within the State of Colorado, and not any federal jurisdiction, or the United States. Notice is hereby given to all government agents and agencies that I freely enter this agreement with explicit intent, for neither myself nor the Alliance, to be bound by federal regulations, or under federal jurisdiction. I further declare that all terms of this agreement apply to my assignees, heirs, and trustees in perpetuity.

As a member of the Alliance, I warrant that all information provided by me is true to the best of my knowledge. I agree to share information with the Alliance without compensation. If I choose to contribute in any manner, I will give freely, without expectation of remuneration. I hereby allow sharing and use of my health information within the Alliance, for research, collaboration, and internal publication.

As a member of the Alliance, I request to receive products and information which may not comply with local or federal regulations, or "medical" best practices. I forbid regulatory agents, medical boards, and all federal and local agencies from trespass on my jurisdictional rights, which permit me to manage my body and health as I see fit from others which may think they know what is best for me.

As a member of the Alliance, I request information about health issues. If I decide to apply to my life any information I gain from the Alliance, I take full responsibility for the outcome.

As a member of the Alliance, I declare that all terms of this alliance agreement shall remain irrevocable by myself, assignees, heirs, or trustees in perpetuity.

As a member of the Alliance, I waive all rights of legal complaint in perpetuity, under no circumstances will I initiate legal or regulatory complaint against the Alliance, or any member, associate, or affiliate.

As a member of the Alliance, I know that information providers are not physician or licensed health care provider of any kind and do not claim to be so. Providers are concerned with information sharing regarding food, dietary supplements, exercise, and lifestyle enhancements. I request that providers supply any information or experience that is of a health-related nature. I acknowledge that lifestyles learned are no substitute for medical treatment. For medical problems I will see my physician.

As a member of the alliance, I authorize providers to perform screening of biological fluids, including physical therapeutic or diagnostic contact. Under no circumstances will I hold any Alliance, affiliate, member or associate responsible for misconduct, harm or negligence for any health related activity.

As a member of the Alliance, I recognize that parts of the information and screenings discussed are not yet approved by the allopathic medical profession or the Food and Drug Administration. I understand that providers may give information which may be contrary to accepted medical best-practices. Member further acknowledges that no information given by any provider have been reviewed by the FDA, or any other regulatory agency.

As a member of the Alliance, I authorize providers to release pertinent information from my files. I agree that as a team member in reviewing my screening results with providers I will always seek medical advice for medical treatment. I clearly understand that diagnosis or treatment of any kind for any disease is outside the scope and practice of the Alliance.

As a member of the Alliance, I hereby attest and affirm that I am here as a member solely on my own behalf, and not as an agent for federal, state or local agencies on a mission of entrapment for any investigative purposes.

As a member of the alliance, I acknowledge and agree that all therapies, and treatments are self-administered and that I am entirely responsible for the treatment and any results that may result. I may request and receive physical assistance and instruction from providers, but I consider assisted actions are self-administered. I also release all providers from all liability for all ill effect I may experience resulting from any activity within the Alliance.

As a member of the Alliance, I agree and accept that the Alliance may provide access to experimental devices. I waive liability to providers and manufacturers of experimental devices, for harm and all consequence of experimental device usage. I will not use any device without adequate instruction – or when I have any concern for the safety of the device. Member acknowledges that devices may have not been approved, reviewed or tested by any regulatory agency for effect, safety or efficacy.

As a member of the Alliance, I agree and accept that the Alliance may provide access to experimental substances, which may be considered drugs, under federal or state statutes. I am informed and consent to this service. I understand and accept that use of these components may be toxic, or may produce an adverse response for me. I take full responsibility for the decision about substance use. I release all manufacturers, members, associates and affiliates of the Alliance of any and all liability, for any harm which may come from the use of these substances. I understand that I may refuse to use any substance at any time. I reiterate that these provisions are irrevocable to my assignees, heirs, or anyone who claims to act on my behalf. I know that substances may have not been approved, reviewed or tested by any regulatory agency for effect, safety or efficacy.

As a member of the Alliance, I authorize the Research Group to create an electronic distribution system for non-identity health information. I authorize dissemination of this data in the event of unlawful harassment, seizure or encroachment by agents acting outside the jurisdiction of this agreement.

	<i>Signature</i>	<i>Print Name</i>	<i>Date</i>
Member			
Witness			

Phone: _____

Email: _____

Address: _____

Dues Received Date ___/___/___

Dues Received By: _____ -