

THE CLEANSE-IN-PLACE

FOOT DETOX CONSENT FORM

I, the undersigned, am in full agreement that the Ionic Foot Bath is not a proven method, cure, or treatment of disease or condition, nor has it been portrayed as such. The Ionic Foot Bath is a self-administered procedure where I, the user of the equipment, am solely responsible for my own actions and release the attending Technician, Facility and Manufacturer from any liability regarding my health issues.

I further understand that neither The Cleanse-In-Place, LLC, nor any of its affiliates, owners, or associates are Medical Doctors and Do Not Diagnose, Prescribe, or claim to cure any ailments, conditions, or disease.

All results contribute to research and the utilization in future programs of Self Health Aid, while preserving my privacy, and waive any liability on behalf of the Technician serving me.

CONTRAINDICATIONS:

A contraindication is a condition in which a procedure should NOT be administered or should be used with caution and/or only with Doctor's Release/Prescription to protect the user.

These are the contraindications for administering the Ionic Foot Bath:

1. Wearer of a pacemaker or any other battery-operated or electrical implant
2. Client on heartbeat-regulating seizure or other medication required to be maintained at level in the blood.
3. Client with low blood suger should eat before treatment
4. Pregnant or breast-feeding women
5. Organ transplant recipients
6. Extremely high blood pressure
7. Client having an organ removed, especially the colon

In addition, clients should not wear metal, or use a computer or mobile device, during the Ionic Foot Bath session. Though it is not dangerous, clients with metal implants in the feet may find the treatment somewhat uncomfortable, but acceptable.

If there is any doubt whether a client should receive the Ionic Foot Bath, the client should consult their primary healthcare professional or physician.

I have read and understand the contraindications for the Ionic Foot Bath and attest that I do not have or have not had any of the above mentioned.

Signature: _____

Date: _____