

THE CLEANSE-IN-PLACE

INFORMED CONSENT FORM

I understand that neither The Cleanse-In-Place, LLC, nor any of its affiliates, owners, or associates do the following, either implied or intended:

1. We do not diagnose.
2. We make no attempt to cure any condition.
3. We make no claims or imply any claims that suggestions are given to cure any condition.
4. We do not claim that any supplemental material we may suggest will cure any condition, or that it's purpose is to treat any condition.
5. We do not prescribe or treat disease. However, we do attempt to educate you in/about foods and a good diet and exercise plan if it is not contradictory to the recommendations of your primary health care provider or your physician.

I, the undersigned client, understand the above statements. I, as the client, understand that lower bowel cleansing (colon irrigation) is considered to be an inexact science and that the results obtained are not always constant or predictable. I also understand that there is no guarantee of any results and the opposite of the desired results may appear. Whether or not I participate in this program or procedure is my decision, based on my constitutional right of the Ninth Amendment. I must make all decisions relative to my well-being, and health. I further understand that neither The Cleanse-In-Place, LLC, nor any of its affiliates, owners, or associates are Medical Doctors and are not attempting to portray, nor conduct the activities of medical doctors and I release the Technician, Facility and Manufacturer from any adverse effects I may incur by the use of colonic irrigation. I also understand that the device used in this procedure is intended for use in Colon Irrigation and colon irrigation has not been scientifically proven to provide any health or medical benefits and unproven claims of adverse events have been made in the past. I further understand that I am in full control of the colonic I receive and I may choose to stop the device at any time I want ant my own will by pushing the flow controller away from me and stopping the water.

If any representations have been made to me concerning this program or if I have any understandings about this program which are contrary to the above statements, I will indicate so on the reverse side of this form.

Signature: _____

Date: _____

Name: _____

Address: _____

City, State, Zip: _____