

COLON HYDROTHERAPY INFORMED CONSENT

I _____ have decided to undergo a Colon Hydrotherapy session.

Colon Hydrotherapy is intended to irrigate the large intestine with the use of FDA-approved colon hydrotherapy Angel of Water system. I understand there may be benefits resulting from this session; however, I understand and agree that no warranties have been made as to the effectiveness or outcome of this session.

- We do not diagnose.
- We make no attempt to cure any condition.
- We make no claim or imply any claim that suggestions are given to cure any condition.
- We do not claim that any supplemental material that we speak about will cure any condition or
- that its purpose is to treat any condition.

I understand that I will insert a tube/speculum into my rectum and agree that I will witness that the tubing is sterile from a new container; the certified therapist is using.

I understand that all the therapists here are not attempting to portray or conduct the activities of a medical doctor and I waive any liability on behalf of the certified therapist. _____ (Initial Here)

I confirm that I am not a woman who is pregnant as this would make me an unsuitable candidate for this session. _____ (Initial Here)

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or court costs and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment. I hereby give consent for this Colon Hydrotherapy treatment and release the certified therapist, the person performing the Colon Hydrotherapy session and the facility from liability associated with this and all subsequent treatments with the above understood.

Client Signature: _____ Date: _____