

I, _____, Have decided to undergo a colon hydrotherapy procedure.

Colon Hydrotherapy is a process, not quick cure. It is understood that colon hydrotherapy is a safe and therapeutic form of cleansing, hydrating, and detoxifying the colon. The focus and intent of this work is wellness of the body. Control of the session is mine I will feel free to comment on the comfort or discomfort of the session at any time. Multiple sessions combined with a healthy diet regular exercise are needed to achieve optimum results.

Colon Hydrotherapy has been shown to be an effective therapy for people who have reported health problems associated with the gastrointestinal system (e.g., nutritional absorption, poor elimination, skin problems, gastric distress, obesity, etc.). However, with any invasive procedure, there exist some potential risks and complications include: aggravation of symptoms, existing prior to treatment, digestive distress (gas), appetite changes, energy changes (tiredness), or minor bleeding. Serious complications are rare; but may occur.

Colon Hydrotherapy is intended to irrigate the lower bowel. The colon is filled and emptied with filtered water either warm or cold. I understand that there may be benefits resulting from this procedure, however, I understand and agree that no warranties have been made as to the effectiveness or outcome of this procedure.

I understand that a tube will be inserted into my colon and I agree that I will witness that the tubing is clean and disposable from a new and unopened package.

I understand that my colon therapist will touch my person when inserting the tube and throughout the procedure as she massages my abdomen, arms and legs

By signing below, you acknowledge that you understand that (1) the medical device used in this procedure is intended for use in colon irrigation, (2) that your therapist will insert the rectal nozzle and dispose of it following your session, and (3) you are legal age and agree to participate in Colon Hydrotherapy, for yourself and for your heirs, executors, administrators, and assignees, and yourself, release Inner Health Center, inc. From all claims of damages, copyright, demands of action whatsoever in any manner arising from or growing out of or during these sessions. You waive any liability on behalf of the colon Hydrotherapy technician serving you.

Please initial all of the following to confirm your understanding and acceptance:

_____ Possible side effects of Colon Hydrotherapy include but are not limited to perforation of the rectum or colon; the risk of which increases with age.

_____ I confirm that I am not over the age of 70 or under the age of 18.

_____ I agree not to eat or drink two hours before the session and to be free of alcohol and recreational drugs

_____ I acknowledge that my well being depends directly on how well I care for. Myself, physically, emotionally, intellectually, and spiritually. All decisions relative to my health and well being are made by me.

_____ I understand this session is not intended to replace and other form of medial therapy. Diet and nutrition 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 and the opposite of the desired results may appear.

_____ I acknowledge that is its possible to experience an allergic reaction to the nozzle, lubricant or solution.

_____ I acknowledge that colon therapy may result in electrolyte imbalance

_____ I acknowledge that in rare cases, colon therapy may result in an infection.

_____ I confirm that I do not have the following contraindicated conditions which would make me ineligible for colon hydrotherapy; Kidney Dialysis/Disease, Renal failure or renal insufficiency (kidney failure), Cirrhosis of the liver, Pregnancy (first or third trimester)

_____ I understand that colon hydrotherapy should be avoided by people suffering from the following, unless prescribed by a physician: Anemia (severe), Aneurysm, Carcinoma, Cardiac Disease (severe, uncontrolled hypertension/ high blood pressure), Chron's Disease, Congestive heart failure, Diverticulitis (severe or acute) , Fissures/fistulas, GI Hemorrhage/Perforation, Hemorrhoids (excessive bleeding present), Hernia (Incarcerated Abdominal, Prostatitis, Recent Abdominal Surgery (Last six months), Tumors, Ulcerative Colitis. I confirm that I am not suffering from any of these ailments.

_____ If I do have any of these ailments, I have a doctor's prescription to receive treatment today.

_____ I confirm that I am not a woman who is in my first or third trimester of pregnancy as this would make me an unsuitable candidate for this procedure.

_____ This list is not meant to be inclusive of all possible risks associated with colon hydrotherapy as there are both known and unknown side effects associated with any medication or procedure.

_____ I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I agree to be on time for my sessions and to allow at least 24 hours advanced notice should I need to cancel or reschedule a session. Should I fail to do so, I understand that the full charge for the session will be incurred as a cancellation fee. If I am more than 15 minutes late my session may be shortened to accommodate the next client.

_____ I understand that Inner Health Center, INC. Is not a medical facility and is not attempting to portray themselves or conduct the activities of medical doctors. Inner Health Center, INC does not diagnose, makes no attempt to cure and condition and makes no claims or implications of any claim that suggestions are given to cure any condition. Further, Inner Health Center, INC does not claim that any supplemental material we may speak about will cure any condition, or that its purpose is to treat any condition.

_____ I understand that the therapist does not diagnose, treat or prescribe for any illness, ailment, or disease and does not do any spinal manipulations. While the therapist may assist me in relief of physical or emotional symptoms, I understand that it is not the function of the

therapist to try to cure me and that I am responsible for my own body, feelings, and emotions. It is clear that Colon Hydrotherapy is not a substitute for medical examinations or diagnosis and that it is recommended that I see a physician for any physical ailment. Inner Health Center, INC. does not attempt to educate you on nutrition, diet, and exercise if it is not contradictory to the recommendations of your primary health care provider or physician.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent for this Colon Hydrotherapy procedure and the facility from any liability associated with this and all subsequent treatments with the above understood.

I agree and understand the information presented to me. I understand that Colon Hydrotherapy is not a cure. I specifically asked Deenie Robbins For a colon hydrotherapy session and consulted with her on health-related information. Inner Health Center, Inc. does not claim to heal or diagnose any disease in any way or through Colon Hydrotherapy. It is my advice before beginning diet, exercise or complimentary modalities, to discuss it with your physician.

I agree and understand the information presented to me. I declare the information I have disclosed herein to be true and accurate.

Signature _____ Date: _____

Print Name: _____