



Inner Health Center Inc

Therapy Waiver and Consent Form

I understand that the **RIFE Bio Frequency Session** I will receive is provided for the basic purpose of assisting the body through speed recovery of illness, injury or surgery, and aids the body when fighting major illness. I further understand that a **RIFE Bio Frequency Session** should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for mental or physical ailment that I am aware of.

Because a **RIFE Bio Frequency Session** can be contraindicated under certain conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes on my intake form and understand that there shall be no liability in any way on the therapist's part or Inner Health Center Inc.

Patient's Signature

Patient's Name (Please Print)

Date