

**Client Informed Consent (Neurofeedback)**

I understand that NeurOptimal® Advanced Brain Training System for neurofeedback training is not a medical treatment, device, or methodology. It is not used to assess, diagnose, monitor, or treat any medical disorder nor is it used as a medical treatment for any disorders and has not been approved for any medical purpose by the FDA, Health Canada or any NeurOptimal® other governing agency. While Zengar users may or may not be licensed health care practitioners, their use of NeurOptimal® is solely as a tool for brain training and optimization of functioning and not as a means of diagnosis or as a medical intervention. Although, neurofeedback is an FDA approved "General Wellness Product." I am satisfied with the information I have been provided (verbal, written or otherwise) by my trainer on the effects I may expect and notice during my NeurOptimal® training and my questions have been answered to my satisfaction. I understand that it is not possible to predict what my central nervous system will do with the information it is offered and consequently there can be no guarantee as to the results of my training. I also understand that under normal use, NeurOptimal® does not produce side effects. Some users, however, may experience some temporary effects (i.e., temporary tiredness) from training due to the challenge it presents for the brain to work to learn a skill meant to enhance functioning. Any such effect typically resolves after a few sessions.

I agree to cease training if I am less than happy with the results I am getting. I understand NeurOptimal® is purely a source of information (feedback) to the brain and does not direct the response of the central nervous system. Consequently, I agree to not hold Zengar Institute Inc. or any of its users and trainers responsible for a less than desired outcome or any outcome that may be considered negative.

Client’s Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If client is under the age of 18, Parent/Guardian must sign:**

Parent’s/Legal Guardian's Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Legal Guardian's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_