

Biofeedback Treatment

Waiver and Liability Release Form

I hereby state that I am at least 18 years of age and have read, understand, and agree to this Waiver and Liability Release Statement, that it is an informed release and that I intend to be legally bound by it.

I agree and understand that the following must be adhered to during treatment, and I agree to ensure I comply with the following for myself or the entity being treated:

1. Not currently undergoing chemotherapy nor currently pregnant.
2. Do not have a pacemaker or other implanted stimulator.
3. No chains, cell phones, electronic watches, or credit cards (other jewelry is OK).
4. No car keys with intelligent chips near the treatment area.

I agree to be fully responsible for any damages if I do not follow the above instructions.

I know that I am using a biofeedback generator and that it is not FDA approved to treat or cure any disease or condition. I understand that this is an experimental device.

Is an animal being treated? _____ Yes _____ No

By my signature below, I acknowledge that I have read the following, understand it and agree to the terms:

No one has made any representations or claims to me of any treatment or cure for any disease or condition; or any promise of any specific or general results of any kind regarding treatments on myself or on the animal I own or am in control of. I release from all general, medical and any other liability or claims of any kind, and I indemnify and hold harmless, My Well Living LLC, it's respective officers, directors, agents, servants, employees, divisions, subsidiaries, shareholders, partners, members, affiliated companies, successor and assigns, IMAET, the manufacturer, distributor, dealer and any of their employees or agents (the "Company") from any claim arising from or related to my use of biofeedback diagnostics and/or treatments. Should anyone acting on my behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless the Company for all such fees and costs. I agree that this liability shall be interpreted and governed by the laws under which the Company is domiciled at the time of the treatment.

Client's Signature: _____ Print Name: _____

Date: _____