

You are hereby advised NOT to have any computer test or procedure:

INFORMED CONSENT STATEMENT

I, hereby attest and agree to the following:

1. If you are using any medical or electronic devices.
2. If you are using any battery-operated implants, such as pacemakers.
3. If you have received an organ transplant or recent removal of organ.
3. If you are pregnant, suffer from epilepsy or serious heart condition.
4. If you have open wounds or cuts on your hands or feet.
5. If you do not agree with anything on this form.

1. I understand that all evaluations/analysis performed by the Biofeedback device and the attending technician are designed to evaluate my biological resonances for the sole purpose of helping me to improve my general health through nutrition, habits and attitudes. I further understand that said evaluations cannot determine specific disease conditions I may have and do not replace the diagnostic services offered by licensed medical physicians.
2. I understand that the Biofeedback device neither claims nor implies that any instruction, advice, counsel, suggestions, recommendations, services or products, whether in person or by mail or by telephone, will cure, treat, prevent or mitigate any disease condition; but are provided solely for the purpose of education and experimental use only, for supporting information about the natural function of body systems and otherwise improving general stress and emotional fitness.
3. I certify that the Biofeedback device and its operators do not suggested that I cease any medical care I may be undertaking. I understand that the decisions I make regarding my health care and the health care of those under my guardianship are my responsibility and certify that I will not hold the operator, Biostar Organix Healthcare Association and its members, Biostar Technology International, LLC or it's representative responsible for the consequences of my decisions.
4. I fully understand that those who operate the Biofeedback device are not medical doctors, medical practitioners, licensed nutritionists or licensed naturopaths. I am not here for medical diagnostic purposes or treatment procedures.
5. I understand that I should continue to see any medical doctors I am currently under the care of, and that any prescription medication should not be altered without first consulting the Doctor who recommended it.
6. I hereby understand that these techniques, protocols, and information are not medical treatments and are not presented, either expressly or implied, as any type of medical treatments or medical advice. I understand that these processes, protocols, and equipment are experimental and the use of same does not guarantee any specific experimental result.
7. I hereby agree that if I use the equipment supplied by Biostar Organix Healthcare Association and its members, Biostar Technology International, LLC and its agents and/or representatives, that I am acting independently and I am not acting as an agent or representatives of Biostar Organix Healthcare Association and/or its members, Biostar Technology International, LLC and/or its agents and/or representatives.
8. I have solicited the attending technician's services in good faith, exercising my free will and following the dictates of my own conscience which allows me to select what I understand is most beneficial to my health.
9. I also exercise my free will in asking this business and technicians for their opinion on items and situations which may expedite my good health; it is my choice should I accept to utilize or apply any of those ideas or suggestions at any time.
10. I understand that I am here to learn about natural health and better lifestyle practices and that I will be offered information about food supplements and herbs as a guide to general health. I presently seek counsel, advise, opinions, feedback or points of view and/or programs within the scope of the attending technician's 'training and education.
11. I agree to not hold the attending technician, Biostar Organix Healthcare Association and its members, Biostar Technology International, LLC and its agents and/or representative liable for any claims made or against as a result of my use of Biostar Organix Healthcare Association, Biostar Technology International, LLC techniques, products, services, material or property.
12. I fully understand that the services provided by the attending technician are at my own risk and are not generally accepted and/or recommended by allopathic doctors (MD's) or other conventional health care professionals. I understand that insurance coverage or reimbursement is highly unlikely.
14. I understand that is my responsibility to present myself when observing or participating this session. I certify that I am here on this and on any subsequent visit or contact, whether by mail, telephone, or in person, solely on my own behalf and not as an agent or representative of any federal, state, county, or local government or private agency or news media on a mission of investigation.
15. I certify that I am 18 years and older and by signing below I acknowledge that I have read and understand all parts of this waiver and that I have had the opportunity to ask any questions with regard to all such procedures.

CONSENT FOR TREATMENT OF A MINOR

I (We) being the parent, guardian or custodians of _____, a minor, the age of _____, do hereby authorize, request and direct the attending technician to perform in his judgment any necessary service, as described in this document.

PRINT FULL NAME

_____/_____/_____
Birth-date

X

Signature

_____/_____/_____
Today's Date



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