



INFORMED CONSENT FORM

Neither TranZitionMe, LLC nor its associates do the following things, either implied or intended:

1. We **do not** diagnose.
2. We **make no attempt to cure or treat** any condition.
3. We **make no claims or imply any claims** to cure or treat any condition.
4. We do not claim that any supplemental material we may speak about will cure any condition, or that it's purpose is to treat any condition.
5. We do not prescribe or treat disease, however, we do attempt to educate you in/on foods and a good diet and exercise if it is not contradictory to the recommendations of your primary health care provider or physician.

I, the undersigned client, understand the above statements. I, as the client, understand that 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 may appear. Whether or not I participate in Colonic Irrigation is my decision, based on my constitutional right of the Ninth Amendment. I must make all decisions relative to my well being and health. I further understand that TranZitionMe, LLC, **is not a medical facility** and **none** of its associates are attempting to portray themselves or conduct the activities of medical doctors and I release the Technician, Facility and Manufacturer from any adverse effects I may incur by the use of Colonic Irrigation. I also understand that the FDA Registered equipment used in this procedure is intended for use in Colon Irrigation, and Colon Irrigation has not been scientifically proven to provide any health or medical benefits and unproven claims of adverse events have been made in the past. I further understand that I am in full control of the Colonic I receive and I may choose to stop the device at any time I want, at my own will, by pushing the flow controller away from me and stopping the water.

If any representations have been made to me concerning this procedure or if I have any understanding about the program which representations and/or understandings are contrary to any of the above statements, I will indicate it on the reverse side of this form.

X _____
Signature Date

Please Print:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

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703/212-5802 (PHONE) • 703/212-35803 (FAX)
INFO@TRANZITIONME.COM
<http://www.tranzitionme.com>

I, the undersigned, am in full agreement that the Colonic Irrigation is not a proven method, cure or treatment of disease or condition nor has it been portrayed as such. Colon Irrigation is a self-administered procedure where I, as the user of the device, am solely responsible for my own actions and release the attending Technician, Facility and Manufacturer from any liability regarding my health issues. The device being utilized in this facility is a gravity device, where I will self insert my own speculum and will be in full control of the procedure.

I further understand that TranZitionMe, LLC, nor any of its associates are **Not Medical Doctors** and **Do Not Diagnose, Prescribe or claim** to cure any ailments, conditions or disease.

All results are contributive to research and the utilization in future programs of Self Health Aid, while preserving my privacy, and waive any liability on behalf of the Technician serving me.

Client's
Signature_____

Date
