



Consent Agreement and Liability Waiver

Participant

Independent iTeraCare Distributor

- ____ 1. Unless legally licensed as a medical practitioner, I fully understand that the iTeraCare Independent Distributor who is assisting me with this technology.
- ____ 2. Unless legally licensed as a medical practitioner, I fully understand that the operator who is assisting me is prohibited from diagnosing or treating any disease, condition, or illness by prescribing medication, offering medical advice, conducting surgery, or providing any other medical services.
- ____ 3. I fully understand that the iTeraCare device is leading-edge technology and is not yet generally accepted by conventional health care professionals. iTeraCare device is not covered by medical insurance.
- ____ 4. I acknowledge that the US Food and Drug Administration has not evaluated any statements made regarding the iTeraCare device. Again, the iTeraCare device is not intended to diagnose, treat, cure, or prevent any disease.
- ____ 5. I affirm that I am acting of my own free will and according to the dictates of my own conscience to experience an iTeraCare device session.
- ____ 6. I affirm that I do not represent, nor am I an agent for, the American Medical Association or any state or federal regulatory agency.
- ____ 7. I affirm that I am requesting this session for myself and not for legal recourse.
- ____ 8. With the acceptance of this consent agreement and liability waiver, I hereby waive and release myself and my heirs, executors, and administrators, from any and all claims of any nature whatsoever and do hereby acknowledge that I will use the services provided at my own risk. I confirm that I have given accurate legal direction and that I am of legal age in this jurisdiction.

Please initial each line, indicating that you have read, understand, and agree with the statement.

Printed Name

Signature

Parent/Guardian/Relationship if under 18 years of age

____ / ____ / ____
Date