

CUSTOMER CONSENT FORM



Date

Voucher No.

Kindly check (✓) which device

- iTeraCare-Classic iTeraCare-Pro
 iTeraCare-Premium iTera-Bio
 Others _____ iTera-Bio Lite

Walk-in Referral / Sponsor Up-line / Associate

Name: _____

Mobile No. _____

PERSONAL PARTICULARS

Name as per ID

Age

Gender Male Female

Mobile #

Email

Contact in case of emergency

Name: _____

Mobile No. _____

HEALTH DECLARATION

Kindly declare if you have any health condition as below:

- Any type of implant:** Breast Pacemaker Electronic monitoring Metal/Rod Eye lens
 Heart bypass Lung Disease Diabetes Stroke history Hypertension Cancer
 Pregnant Menstruating Congenital Heart Disease Surgery Seizures
 Others Please indicate:

DISCLAIMER

By signing this consent agreement, I _____, acknowledge that I am receiving a demonstration from Prife International. I understand and accept that Prife International will not be held responsible for any unforeseen circumstances, including but not limited to burns, rashes, peeling of the skin, swelling, or inflammations that may occur following the demonstration. I take full responsibility for providing accurate medical information and promptly communicating any concerns or discomfort during the demonstration session. I acknowledge that the demonstration results are not guaranteed, and individual experiences may vary. I also acknowledge that I have the right to refuse or discontinue the demonstration at any time. By signing below, I confirm my understanding, agreement, and the freedom to make decisions regarding my session.

I hereby declare my agreement to release the company from any indemnity that may arise from hereafter.

Signature of consent: _____ Date: _____