

## Solex AO Scan Mobile Consultation Consent Agreement and Liability Waiver

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Independent Quantum Living Advocate

\_\_\_\_1. Unless legally licensed as a medical practitioner, I fully understand that the Solex Independent Quantum Living Advocate who is assisting me with this analysis using AO Scan Mobile, is simply facilitating the technology.

\_\_\_\_2. Unless legally licensed as a medical practitioner, I fully understand that the Solex Independent Quantum Living Advocate 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 AO Scan Mobile analysis is strictly educational in nature and does not diagnose, treat, cure, or prevent any disease.

\_\_\_\_4. I fully understand and acknowledge that the AO Scan Mobile uses subtle energy, frequencies, vibration, and resonance to interact with the body's energy field and measure my body's response. When it encounters imbalance, it reports those imbalances to me and helps optimize my wellbeing by identifying frequencies that may restore balance.

\_\_\_\_5. I fully understand that the analysis provided by the AO Scan Mobile is leading-edge technology and is not yet generally accepted by conventional health care professionals. An AO Scan Mobile analysis is not covered by medical insurance.

\_\_\_\_6. I fully understand that any payment for an analysis is expected at time of service, unless otherwise arranged prior to my session.

\_\_\_\_7. I acknowledge that the US Food and Drug Administration has not evaluated any statements made regarding the AO Scan Mobile. Again, the AO Scan Mobile is not intended to diagnose, treat, cure, or prevent any disease.

\_\_\_\_8. I affirm that I am acting of my own free will and according to the dictates of my own conscience to experience an AO Scan Mobile Analysis.

\_\_\_\_9. I affirm that I do not represent, nor am I an agent for, the American Medical Association or any state or federal regulatory agency.

\_\_\_\_10. I affirm that I am requesting this analysis for myself and not for legal recourse.

\_\_\_\_II. 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