

Informed Consent

Neither Ocean Clinics or their associates do the following, either implied or intended:

1. We do not diagnose.
2. We make no attempt to cure any condition.
3. We make no claims or imply any claims that suggestions are given to cure any condition.
4. We do not claim that any supplemental material we speak about will cure any condition, or that's its' 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 your 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 may appear. Whether or not I participate in the procedure or program is my decision, based on my constitutional right of the Ninth Amendment. All decisions relative to my well being and health must be made by me. I further understand that Ocean Clinics is not a medical facility and is not attempting to portray themselves or conduct the activities of medical doctors. I also understand that the medical device used in this procedure is intended for use of Colon Irrigation, and that these devices are intended for colon cleansing when medically indicated, such as before radiological or endoscopic examinations.

All results are contributive to research and utilization in future programs of while preserving my privacy, and I waive liability on behalf of the technician serving me.

Signature _____ Date _____

Print Name: _____

Address: _____

City/State/Zip: _____