**NATURAL BEING HOLISTIC WELLNESS SPA & CENTER LLC**

**FOOT DETOX CONSENT FORM**

**Name:**

**Address:**

**Phone:**

**Email:**

**PLEASE DO NOT PARTICIPATE IN THIS TREATMENT IF ANY OF THE FOLLOWING ARE TRUE FOR YOU:**

-I have a pacemaker or have any other battery-operated or electrical implant.

-I am on heartbeat regulating medication.

-I am pregnant or breast feeding

-I have epilepsy.

-I am the recipient of an organ transplant.

-I am having an organ removed. (particularly the colon)

-I take medication. If I don’t take this medication I would be mentally or physically incapacitated. (Examples: psychotic episodes or seizures, etc.)

-I have open wounds on my feet.

-I am currently undergoing chemotherapy or radiation.

**PLEASE READ THE FOLLOWING INFORMATION AND SIGN AT THE BOTTOM:**

-Persons should not wear metal, use a computer or cellular phone during the foot detox session.

-Persons with low blood sugar should eat before using the foot detox.

-Though not dangerous, persons having a metal joint may find exposure to the electromagnetic field generated by the foot detox to be uncomfortable. If discomfort is experience, the session will be stopped immediately.

-Persons taking prescription medication should take meds after or four hours prior to their session.

-Because the foot detox is designed to aid the body in eliminating toxins that the kidney and liver cannot eliminate on their own, as a general rule, it may be used by persons on dialysis or by those diagnosed with diabetes or congestive heart failure. However, persons with these conditions or any other medical condition, should consult their physician prior to implementing the foot detox as part of their wellness program.

-In addition to toxins being pulled out of the bloodstream, valuable electrolytes (calcium, potassium, sodium, and magnesium) may also be purged from the body. To safeguard against this possibility, users are encouraged to drink water directly after your session.

**DISCLAIMER: I do not make any claims to offer cures or treatment of any disease or illness. If you are sick, please consult with your doctor.**

**ACKNOWLEGEMENT:** By signing below, you acknowledge that you have read and understand this document, and have received acceptable answers to all of your questions and consent to receiving the foot detox. You herby agree to release Natural Being Holistic Wellness Spa & Center LLC from any liability or damage that may incur due to the use of the foot detox .

Client Name(print):

Client Signature:

Date: