



## Informed Consent Form

The purpose of this form is to help educate me so that I may a better, more informed health care choices for myself: I understand that as an adult taking care of my health is my responsibility.

I am encouraged to ask any and all questions that I may have about the NRG Works foot bath. Consult your physician if you are taking any prescription medications. I know that I cannot take a foot bath if I have the following CONTRAINDICATIONS:

- SURGICAL/ ELECTRICAL IMPLANTS – includes pacemaker, TENS unit, breast implants, cochlear implant, etc.
- PREGNANT OR BREAST FEEDING – it is suggested to wait for 2 months after childbirth and until breast feeding is complete.
- ORGAN TRANSPLANT RECIPIENT – includes any type of organ transplant also not recommended when you use any kind of anti-rejection medication..
- MEDICATIONS - includes heartbeat regulating medication or any medication where the absence of which would mentally or physically incapacitate. Medications can be drawn out during a foot bath and therefore is not recommended in this type of situation.
- CHILDREN – Not recommended for children under 8 years of age. If child weighs less than 95 pounds, start with 15 minute sessions and work up to full sessions as tolerated.
- OPEN SORES – not recommended if you have any open wounds or sores on feet.
- DIABETES/DIALYSIS/CONGESTIVE HEART FAILURE - 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 should consult their physician prior to implementing the ionic body detox and cleanse foot spa as part of their wellness program.

I should not feel any discomfort while taking an NRG Works foot bath. If I feel uncomfortable at any time I will notify the attendant *immediately*.

I understand that the NRG Works foot bath is considered to be a ‘research device’ by the Food and Drug Administration (FDA) and that they have ‘not’ evaluated it. Because it has not been evaluated, the NR Works foot bath cannot be considered able to diagnose, treat, cure, or prevent any disease or disorder. If I think that I need the care of a licensed doctor I am encouraged to seek that care as only a licensed doctor can legally diagnose or treat a disease. I am aware that the color of the water does not indicate the efficacy of the session.

By signing this form, I agree that because:

- I can ask all the questions that I may have about the NRG Works foot bath without owing any money and *before* agreeing to take a NRG Works foot bath.
- I know the NRG Works foot bath has not been evaluated by the FDA.
- Only I can decide if I have a problem that needs the care of a licensed doctor.

- I am consenting to submit to taking an NRG Works foot bath of my own free will, that I will accept any and all responsibility for any undesirable consequences that may occur.
- I certify that I am here on this and on any subsequent visit or contact, whether by mail, telephone, or in person solely on my own behalf and not as an agent or representative of any federal, state, county, or local government or private agency on a mission of entrapment or investigation.

My Name  
(Printed): \_\_\_\_\_

My Name  
(Signature): \_\_\_\_\_ Date: \_\_\_\_\_

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PREPAID DISCOUNTED FOOT SPA SESSION PACKAGES SOLD AS FOLLOWS:

1. All prepaid Discounted Foot Bath Sessions are to be used within (12) months of purchase.
  2. No show appointments or cancellations are counted as a used session without 24-hour advance cancellation.
  3. Informed Consent Form should be updated after twelve sessions. No Refunds! Non-Transferable!
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CLIENT SIGNATURE: X \_\_\_\_\_ Date \_\_\_\_\_