

COLORADO COLONICS, INC.

INFORMED CONSENT FORM

Teri Hart does none of the following things, either implied or intended.

1. We **do not** diagnose.
2. We **make no attempt to cure or treat** any condition.
3. We **make no claims or imply any claims** to cure or treat any condition.
4. We do not claim that any supplemental material we may speak about will cure any condition, or that it's 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 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 results may appear. Whether or not I participate in colonic irrigation is my decision, based on my constitutional right of the Ninth Amendment. I must make all decisions relative to my well being and health. I further understand that Teri Hart is **NOT A Medical Doctor** and is **NOT** attempting to portray, or conduct the activities of a Medical Doctor and I release the Technician, Facility and Manufacturer from any adverse effects I may incur by the use of colonic irrigation. I also understand that the medical device used in this procedure is intended for use in Colon Irrigation and that colon irrigation has not been scientifically proven to provide any health or medical benefits and unproven claims of adverse events have been made in the past. I further understand that I am in full control of the colonic I receive and I may choose to stop the device at any time I want at my own will by pushing the flow controller away from me and stopping the water.

If any representations have been made to me concerning this procedure or if I have any understanding about this program which representations or understandings are contrary to any of the above statements, I will indicate so on the back of this form.

X _____
Client Signature Date

Please Print: Name _____
Address _____
City/ State/Zip _____