

BioCleanse Ionic Foot Detox Consent Form - Health Profile

Name: _____ Date: _____
Address: _____
Phone: _____ email: _____

Please check off any of the following that are true for you:

- I have a pacemaker or 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 and Ionic Foot Detox session.
- Persons with low blood sugar should eat before using the Ionic Foot Detox.
- Though not dangerous, persons having a metal joint implant may find exposure to the electromagnetic field generated by the Ionic Foot Detox to be uncomfortable. If discomfort is experienced, the session will be stopped immediately.
- Persons taking prescription medication should take meds after or four hours prior to their session.
- Because the Ionic 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 Ionic 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 claim to offer cures or treatment of any disease or illness. If you are sick, please consult with your doctor.

Acknowledgement: 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 and Ionic Foot Detox. You hereby agree to release Spa Schwa from any liability or damage that may incur due to the use of the BioCleanse Ionic Foot Detox.

Signature _____ Date _____