



INFORMED CONSENT & RELEASE FORM

Lymphatic Massage Treatment/Detoxification Therapy

I _____ voluntarily agree to allow True Wellness technicians, to perform upon me lymphatic enhancement therapy. I understand True Wellness technicians will be performing this therapy using the FDA-approved Aria Lymphatic Enhancement Technology (hereafter ALET) and Lymphstar Pro (hereafter LSP) to facilitate lymphatic movement. I am aware that this therapy with ALET/LSP is still considered experimental, thus no medical or other claims are made at this time. I further have not been made any promises or guarantees by True Wellness or anyone else regarding the effects of this lymphatic enhancement therapy and I fully understand that ALET/LSP is not intended to be a complete cure for or any illness or disease.

I have been informed that ALET/LSP uses a low electrical current and negatively charged light photons. The theory is that light photons transfer the appropriate frequencies to the area and provide an environment allowing the cell to correct its electromagnetic field charge.

I understand that the photon beam from the ALET/LSP will, at times, cause me to feel a prickling sensation as with mild electric static electricity. I understand I may experience the following symptoms after therapy; a feeling of soreness, flu-like symptoms, a change in bowel or urination frequency, headaches and/or mild skin irritations as toxins are moving out of my body. I understand if I experience other side effects, I should report to True Wellness as soon as possible.

I fully understand and acknowledge that ALET/LSP is not, nor intended to be, a treatment for cancer, and allied disease, or any medical condition that I might have. I will not make any legal claims against True Wellness, the technicians or any of their staff that seeks to hold them liable.

I understand that I should drink lots of water, at least 8-10 glasses per day, before my therapy and one glass every hour for 6 hours after my therapy. I should eat properly and keep sugar, salt, and fat to a minimum both before and after my therapy. I understand that doing the above will aid my body in removing the waste effectively and help to lessen the side effects of the lymphatic therapy.

Although I have been fully informed that this procedure is in experimental stage, and all risks may not be known at this point, I will assume the risks of participating in this therapy. I agree to not hold True Wellness liable for any injuries, conditions or lack of benefits resulting from this therapy.

I understand that lymphatic enhancement therapy is contra-indicated for pregnancy or possibility of pregnancy, pacemakers, blood clots, other medical-electrical implants, congestive heart failure, cosmetic implants and/or injections. I understand and will completely disclose all medical conditions to my lymphatic enhancement technician.

I have read and fully understand this form. I have discussed my therapy and contents of this consent form with the therapist. I have been given the opportunity to ask further questions and I know that I can continue to ask questions during the course of therapy.

Signed _____ Date _____

Signed _____ Date _____

(Parent/guardian if under 18)