

## Ionic Cleanse Therapy Consent and Waiver Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_@.\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Reason For Treatment?

---

**Contraindicated (should not be used) for the following clients:**

- Women who are pregnant or nursing
- Anyone with a weak heart
- Anyone with open foot wounds, broken or irritated skin on the feet
- Anyone with low blood sugar or diabetes should consult with a doctor before having the Ionic Cleanse Therapy performed
- Anyone with a pacemaker or who takes heart-regulating medicines
- Anyone who has had an organ transplant and is taking medication to prevent rejection
- Anyone taking any type of medication which if purged or excreted would incapacitate them mentally or physically

Ionic Cleanse Therapy is not meant to cure, prevent, treat, or diagnose any disease or health condition. Ionic Cleanse Therapy is not a substitute for medical treatment. If you have any health problems, issues, or questions, consult your primary healthcare provider.

By signing below you agree to the following: I have completed this form to the best of my ability and knowledge and agree to inform my therapist/spa professional if any of the above information changes at any time. I have read and understand the information contained in the form and I will not hold Energetically In Harmony, or its subsidiaries, suppliers, agents, or employees/contractors, liable for any physical, or mental problems or complications that may result from the Ionic Cleanse Therapy session.

A copy of this waiver may be requested.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist / Spa Professional Signature

\_\_\_\_\_  
Date