



OPTION 1:

Print & fill out the form by hand.
Deliver to Sarah.

OPTION 2:

Download the PDF file, complete & send form by email.

**ELECTRO-EQUISCOPE FDA REGISTERED MICRO-CURRENT THERAPY
RELEASE AND WAIVER**

RECIPIENT NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL: _____

OCCUPATION: _____

REFERRED BY: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE: _____

Recipient understands and acknowledges that Provider/Technician is not a medical practitioner, does not have a medical degree and does not diagnose or treat disease. Recipient understands and acknowledges that Provider/Technician will place Probes and/or Plates on various parts of Recipient's body according to specific protocols that will emit micro-current into Recipient's body. Recipient further understands and acknowledges that Provider/Technician makes no medical claims regarding the performance or outcomes of using the Electro-Equiscope. The use of the Equiscope is not a medical treatment and is not intended to diagnose, treat, cure, or prevent any disease. Recipient specifically releases and holds harmless Provider/Technician and the Equiscope distribution and training companies, Intelligent Bioenergetics, Inc. and Thorp Institute, Inc, and its officers, directors, employees, technicians, and agents.

Recipient affirmatively states that he or she has **none** of the following conditions, or any other condition that may be exacerbated by or cause harm to Recipient when using Instrument. Recipient understands and acknowledges that use of the Instrument when any of the following conditions, or any other condition, are present may cause serious harm to Recipient. Recipient fully accepts the therapeutic protocol at Recipient's own risk.

Known conditions that exclude use of the Instrument:

1. A demand pacemaker or any other type of pacemaker in his or her body.
2. Pregnancy.
3. A physical, mental, or medical condition, such as a heart condition, which would be triggered or exacerbated by use of the micro-current. Please provide a list of current medications.
4. Please notify your technician prior to session, if you have had Botox or facial fillers.

Other Herxheimer or microbial die-off detoxification symptoms that can occur after micro-current therapeutic protocols:

Nausea	Muscle spasm
Diarrhea	Hot/cold sweats
Headache	Chills
Vertigo	Skin irritation
Dehydration	Temporary increased pain
Dizziness	Early menstrual cycle
Fainting	

Other Recommendations:

- Consult your physician for any medical condition.
- Medication should be taken as prescribed.
- Avoid shaving protocol area before session to avoid stinging.
- Hydrate with electrolytes before and after each session.
- Avoid immersing in water for up to four hours after each session.
- Late cancellation fee may apply.

TERMS OF SERVICE

Payment Due in Full at the Time of Service. All charges for services rendered are due and payable in full at the time of service. Acceptable payment method includes:

Venmo @simplyelectricllc

24 hours notice is required to cancel or reschedule an appointment. You are still obligated to pay for your appointment, if you fail to cancel appointments at least 24 hours in advance or fail to show up for your appointment.

If you need to reschedule because you are not feeling well or have any COVID-19 related symptoms, please contact us as soon as possible to reschedule. There will be no fee charged for cancellations due to illness.

If you are late to your appointment, you are welcome to receive whatever time is left in your session. Regardless of the length of the service actually given, you will be responsible for payment of the full service originally scheduled.

I agree _____ Initials

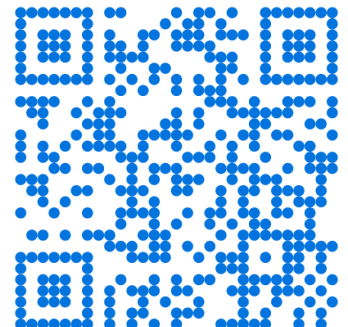
Recipient is age 18 years or older and has read, understands, and accepts all the provisions of this agreement and acknowledges the receipt of all the provisions above. Any persons under the age of 18 must have their legal guardian sign on their behalf.

Signature of Recipient: _____

Date: _____



Please submit payments by way of Venmo to Simply Electric LLC



EMAIL SARAH

venmo