



## **INFORMED CONSENT FORM**

The purpose of this form is to help educate me so that I may make better, more informed health care choices for myself:

I understand that as an adult, taking care of my health is my responsibility.

I am encouraged to ask any and all questions that I may have about the NRG Works foot spa.

I know that I cannot take a foot bath if:

- I am wearing a pacemaker
- I am pregnant
- I have a transplanted organ or
- I am under 4 years old
- Undergoing chemotherapy or radiation

I should not feel any discomfort while taking an NRG Works foot spa.

If I feel uncomfortable at any time I will notify the attendant *immediately*.

I understand that the NRG Works foot spa is considered to be a 'research device' by the Food and Drug Administration (FDA) and that they have 'not' evaluated it. Because it has not been evaluated, the NRG Works foot spa cannot be considered able to diagnose, treat, cure, or prevent any disease or disorder. If I think that I need the care of a licensed doctor I am encouraged to seek that care as only a licensed doctor can legally diagnose or treat a disease. I am aware that the color of the water does not indicate the efficacy of the session.

By signing this form, I agree that because:

- I can ask all the questions that I may have about the NRG Works foot spa without owing any money and *before* agreeing to taking an NRG Works foot spa, and that
- I know that the NRG Works foot spa has not evaluated by the FDA, and that
- Only I can decide if I have a problem that needs the care of a licensed doctor, and that
- I am consenting to submit to taking an NRG Works foot spa of my own free will,
- that I will accept any and all responsibility for any undesirable consequences that may occur.
- I certify that I am here on this and on any subsequent visit or contact, whether by mail, telephone, or in person solely on my own behalf and not as an agent or representative of any federal, state, county, or local government or private agency on a mission of entrapment or investigation.

Disclaimer:

This device has not been approved by U.S. FDA standards and is currently considered a research device. We do not claim to diagnose, treat, or cure any illnesses.

My Name (Printed): \_\_\_\_\_

My Name (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

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