



Colon hydrotherapy has been shown to be an effective therapy for people who have reported health problems associated with the gastrointestinal system (e.g., nutritional absorption, poor elimination, skin problems, gastric distress, obesity, etc.). However, with any invasive procedure, there exist some potential risks and complications to include: aggravation of symptoms existing prior to treatment, digestive distress (gas), appetite changes, energy changes (tiredness), or minor bleeding. Serious complications are rare, but may occur. Contraindications for colon hydrotherapy include: abdominal hernia, abdominal surgery, abnormal distension/masses, acute liver failure, anemia, aneurysm, carcinoma, cardiac condition, Crohns Disease, Colitis, dialysis, diverticulosis/diverticulitis, fissures, fistulas, hemorrhaging, hemorrhoidectomy, intestinal perforation, lupus, GI hemorrhage/perforation, cirrhosis, carcinoma of the colon, fissure/fistulas, first and third trimester of pregnancy, colon surgery (within 6 months), rectal surgery (within 3 months) and renal insufficiency. If you have any of these conditions or are taking any medications, you must advise **NovaDyne, Inc. dba BioNaturally** and consult with your physician before having this service.

I understand that (1) the medical devise used in this procedure is intended for use in colon irrigation, and that these devices are intended for colon cleansing when medically indicated, such as before radiological or endoscopic examinations or following X-ray or barium enema, (2) that it is my responsibility to self-insert the rectal nozzle and dispose of it following my session, and (3) since I am of legal age and agree to participate in colon hydrotherapy, I, for my heirs, executors, administrators, and assignees, and myself, release Novadyne dba BioNaturally from all claims of damages, copyright, Demands of Action whatsoever in any manner arising from or growing out of or during these sessions. I waive any liability on behalf of the colon hydrotherapy technician serving me.

In order to be more successful in reaching my health goals, I commit to the following:

- I acknowledge that my well-being depends directly on how well I care for myself, physically, emotionally, intellectually and spiritually. All decisions relative to my health and well being are made by me.
- I understand this session is not intended to replace any other form of medical therapy. Diet and nutrition is considered to be an inexact science and that the results obtained are not always constant or predictable. I also understand that there is no guarantee of any results and the opposite of the desired results may appear.
- My participation in this procedure or program is my decision, based on my constitutional rights of the Ninth Amendment.
- I agree to be on time for my sessions and to allow at least 24 hours advance notice should I need to cancel or reschedule a session. Should I fail to do so, I understand **BioNaturally** charges a \$35 cancellation fee. If I am more than 15 minutes late my session may be shortened to accommodate the next client in a timely manner. If I fail to give at least 24 hour notice on the package pricing, I will forfeit that session.
- I further understand that **Novadyne, Inc. dba BioNaturally** is not a medical facility and is not attempting to portray themselves or conduct the activities of medical doctors:
  - We do not diagnose.
  - We make no attempt to cure any condition.
  - We make no claims or imply any claims that suggestions are given to cure any condition.
  - We do not claim that any supplemental material we may speak about will cure any condition, or that its' purpose is to treat any condition.
  - We do not prescribe or treat disease, however, we do attempt to educate you on nutrition, diet and exercise if it is not contradictory to the recommendations of your primary health care provider or physician.

I, as the undersigned, am in full agreement with the above, and accept the methods being utilized. Please initial the following:

- I do understand and consent \_\_\_\_\_ or do not consent \_\_\_\_\_ to the use of the colon hydrotherapy as described above.

\_\_\_\_\_  
Client Name Printed

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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date