



BIOCHARGER INTAKE

Name: _____ Phone: _____

E-Mail Address: _____

Physical Address: _____ Zip: _____

Date of Birth: _____ How did you hear about us? _____

Emergency Contact: _____ Relation: _____ Phone: _____

- Are you pregnant? Yes No Do you have a pacemaker? Yes No
- Do you have an insulin pump? Yes No
- Do you have any passive metallic implants such as plates or screws? Yes No
- Are you known to be photosensitive (i.e. Photo-convulsive Response, Epilepsy)? Yes No
- Do you have specific goals you are seeking support with the BioCharger?

Agreement of Release and Waiver of Liability *(please initial each line)*

_____ I understand that cancelled or missed appointments without 24-hour notice (medical emergencies excluded) may be charged in full for the price of missed session.

_____ I understand the service(s) I am receiving may be contraindicated for specific medical conditions and symptoms. I further understand the services are not substitutes for medical care and that therapists for these services do not diagnose disease, prescribe medicine, or manipulate bones. If at any time during the service I feel uncomfortable, I may end the session. I understand The BioCharger™ NG is not a medical device.

Please read and confirm the following:

In consideration for being allowed to participate in a BioCharger™ session, I release from liability and waive my right to sue Serasana AND/OR Advanced Biotechnologies LLC, their employees, officers, volunteers and agents from any and all claims, including claims of Serasana's AND/OR Advanced Biotechnologies LLC's negligence, resulting in any physical injury, illness, death or economic loss I AND/OR any minor(s) under my guardianship may suffer or which may result from my AND/OR any minor(s) under my guardianship participation in a BioCharger™ session.

I am voluntarily participating in a BioCharger™ session. I understand that there are risks associated with my AND/OR minor(s) under my guardianship, participation in a BioCharger™ session, such as physical injury, pain, suffering, illness, disfigurement, temporary or permanent disability, death, or economic loss. These injuries or outcomes may arise from my own or other's actions, inaction, or negligence, or the condition of the BioCharger™ session location (s) or facility (ies). Nonetheless, I assume all risks of my AND/OR any minor(s) under my guardianship participation in a BioCharger™ session, whether known or unknown to me.

I agree to hold the Serasana AND/OR Advanced Biotechnologies LLC, their employees, officers, volunteers, and agents harmless from any and all claims, loss or damage to my personal property, liabilities, and costs, including attorney's fees, as a result of my AND/OR any minor(s) under my guardianship participation in a BioCharger™ session. If Serasana AND/OR Advanced Biotechnologies LLC, their employees, officers, volunteers, and agents incurs any of these types of expenses, I agree to reimburse the affected party. I have read this document, and I am signing it freely on behalf of myself AND/OR any minor(s) under my guardianship. I understand the legal consequences of signing this document, including (a) releasing the Serasana AND/OR Advanced Biotechnologies LLC, their employees, officers, volunteers, and agents from all liability, (b) waiving my right to sue the Serasana AND/OR Advanced Biotechnologies LLC, their employees, officers, volunteers and agents (c) and assuming all risks of participating in a BioCharger™ session.

Client signature: _____ **Date:** _____

If under 17 years, signature of legal guardian: _____ **Date:** _____