

EESystem™ Walver & Client Release Agreement

Name: _____ Birth Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Mobile: (_____) _____ - _____ E-mail: _____

Emergency Contact/Phone #: _____

*Health Issues, Concerns, Goals: _____

Recommended to us by: _____

Welcome to the Energy Enhancement System. Please read and sign below:

Aurora Healing Ministry shall not be liable under any theory or any purported damages or any and all consequences by user of The Energy Enhancement System Technology (EESystem™). Although there is on-going medical and clinical research on the EESystem™ it has not been rated or evaluated by the United States Food and Drug Administration or the American Medical Association.

The EESystem™ Technology is not intended to diagnose, treat, cure, or prevent any disease. No guarantees expressed or implied are made about the use of the Technology. Results may vary between individuals. Information and statements made are for educational purposes and are not intended to replace the advice of your doctor. Medical advice must be obtained from a qualified health care practitioner. The EESystem™ Technology does not dispense medical advice, prescribe, or diagnose illness. The views and advice expressed by the EESystem™ Technology are not intended to be a substitute for conventional medical service.

I am aware that I may experience detoxification symptoms. I take full responsibility for drinking more water, taking sea salt baths, or other measures needed to facilitate the elimination of toxins as recommended by Aurora Healing Ministry and The EESystem™. _____ (PLEASE INITIAL THAT YOU HAVE READ THIS)

Please be informed if you are a diabetic it is important to monitor your blood sugar as use of the EESystem™ Technology may lower the requirement of insulin following a session. _____ (initial)

I agree to the recording of my experiences in connection with research, education, and promotion of the EESystem™ Technology. I acknowledge that Aurora Healing Ministry is and will be the sole owner of all rights in and to my experience with the EESystem™ Technology in written or spoken form for the above purposes. _____ (initial)

I agree to indemnify and hold Aurora Healing Ministry, it's employees and any third parties harmless from any and all liabilities, losses or damages caused by or arising in any manner from my participation and experience with the EESystem™. _____ (initial)

I understand the terms mentioned above regarding my Energy Enhancement System™ Technology experience. If I choose to end the session before the purchased time has expired, there is no refund. I have read, understood, and agree to the terms, conditions and information written hereinabove. I take full and personal responsibility for the use of the EESystem™ Technology. In no way will I make a claim against Aurora Healing Ministry or it's employees.

Signature

Date