SCALAR WAVE THERAPY, LLC DISCLAIMER AND CLIENT AGREEMENT FOR PMA

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UNDERSTAND THAT THE SERVICES I RECEIVE AT

SCALAR WAVE THERAPY, LLC, SCALAR CENTER LOCATED AT 2741 SOUTH US HIGHWAY

35, LOGANSPORT, IN 46947, ARE DONE WITH THIS PRIVATE MEMBERSHIP AGREEMENT BETWEEN MYSELF, FRED FRIGO, PATTY FRIGO, MANAGERS OF SCALAR WAVE

THERAPY, LLC. I **\_\_\_\_\_**HAVE FULL UNDERSTANDING THAT THE ABOVE NAMED PERSONS ARE NOT MEDICAL DOCTORS AND THAT THEY DO NOT PROCLAIM TO BE.

I ALSO UNDERSTAND THAT NOTHING SHARED BY ANYONE AT THIS CENTER IS TO BE TAKEN AS MEDICAL ADVICE.

I AGREE THAT I AM THE SOLE RESPONSIBLE PARTY FOR MY HEALTH AND THAT I AM FULLY RESPONSIBLE TO RESEARCH ALL INFORMATION ON THE SERVICES RENDERED AT THIS CENTER. I WILL DECIDE WHAT IS BEST FOR MY PERSONAL OBJECTIVES.

SCALAR WAVE THERAPY, LLC, SCALAR CENTER UPHOLDS VALUES WITH INTEGRITY AND "DO NO HARM" ETHICS.

SHOULD ANY HARM, NEGATIVE SYMPTOMS OR OTHERWISE ARISE AFTER A SESSION IN THE SCALAR WAVE THERAPY CENTER, I DO NOT AND WILL NOT HOLD THIS CENTER RESPONSIBLE FOR ANY NEGATIVE RESULTS. I HAVE RESEARCHED THE ENERGY ENHANCEMENT SYSTEM AND HAVE PERSONALLY DEEMED IT TO BE SAFE AND DESIRABLE TO ENHANCE MY HEALTH AT A CELLULAR LEVEL AND DO NOT HOLD THE SCALAR WAVE THERAPY CENTER, FRED FRIGO, PATTY FRIGO OR THE ENERGY ENHANCEMENT SYSTEM RESPONSIBLE FOR ANY HARM TO ME.

THE SCALAR WAVE THERAPY CENTER, THE ABOVE NAMED MANAGERS OR EMPLOYEES, MAKE NO CLAIMS TO GUARANTEE ANY SPECIFIC HEALING OR CURE.

I ALSO AGREE THAT THE ENERGY ENHANCEMENT SYSTEM EQUIPMENT AT THE SCALAR WAVE THERAPY CENTER, SHALL NOT BE BUMPED, JARRED, SHAKEN OR TOUCHED IN ANY WAY BY CLIENTS, CHILDREN,

PETS OR GUESTS AND THAT ANY DAMAGE THAT MAY OCCUR AS A RESULT OF PHYSICAL CONTACT WITH THE LASER ALIGNED ENERGY ENHANCEMENT SYSTEM EQUIPMENT SHALL BE CHARGED TO THE CLIENT RESPONSIBLE FOR SUCH CONTACT.

Please list any medical conditions that you are currently experiencing:

Are you on blood thinners? Y or N . (If yes, by sighing this agreement you must be aware that you need to have your blood monitored after your scalar technology experience for any positive corrections in your blood that may result in a need to reduce your blood medication.)

Please list any types of anxiety, pain or joint swelling that you may have prior to the session.

By signing this agreement I agree that I am solely responsible for my decisions to participate in the scalar center sessions at Scalar Wave Therapy, LLC for my health and well being. I hold harmless the Scalar Wave Therapy, LLC center, any and all owners, workers or any participants at this center for any services or results from treatments rendered to myself, my child or my pet(s). By signing below I join the Private Membership Association of Scalar Wave Therapy, LLC which is operated by members of a prayer group as an extension of their ministry to help people. The mangers of Scalar Wave Therapy, LLC are exercising first amendment religious rights in their scalar mediation room on their private property.  
Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_