

CLIENT CONSENT FORM

CONSENT FOR AURA RADIONICS SCANNING & THERAPY

(A Non-Invasive Energy Based Counseling / Scanning / Treatment)

I, hereby acknowledge that the healer/therapist has explained my health condition and prognosis to me.

Additionally:

- The therapist has explained the relevant healing options available to me, including associated risks and the risks of not having the healing.
- Likely outcomes of the healing have been discussed, including risks specific to my condition.
- I have had an opportunity to discuss and clarify any concerns with the healer/therapist.
- I have read and understood the above, and I give my CONSENT to undergo the scanning and healing process of *Aura Radionics Therapy*.

I Understand:

- The result/outcome of the therapy cannot be guaranteed as it relies on the individual's body potential for rejuvenation.
- Aura Radionics Therapy is an alternative scientific methodology of energy-based healing currently under research.
- This therapy is non-invasive and not a substitute for conventional medical procedures.
- Diagnostic reports obtained will be used for pathology practices and may be stored or disposed of sensitively by the organisation.
- I am responsible to inform the outcome of the healing and results of all diagnostic tests undergone.
- My therapy records will be accessed by therapists involved in healing for further research and approved quality assurance activities including the institute's internal audit.

Legal Disclaimer:

- **Patented Techniques and Continuous Research:** The techniques and products used in this therapy are patented or subject to patent applications and are backed by continuous research to ensure their efficacy and safety.
- **Prohibited Activities:** The services provided, do not involve and strictly prohibit any illegal activities as defined by the laws of India. Our therapies are focused solely on health-related purposes and are based on alternative scientific research.
- **Nature of Therapy:** This therapy is experimental and is an alternative method of energy-based healing.
- **Limitation of Liability:** Organisation disclaims any liability for adverse effects or unsatisfactory results of the therapy as well as for claims or services outside the scope of legally permitted activities.
- **Non-Substitution for Medical Advice:** This therapy is not a substitute for professional medical advice, diagnosis, or treatment.
- **Voluntary Participation:** Your participation in this therapy is voluntary. You have the right to withdraw your consent and discontinue participation at any time. No refund will be issued.
- **Privacy and Data Handling:** Personal and medical information collected will be handled with confidentiality.
- **Governing Law and Dispute Resolution:** This agreement is governed by the laws of Amlah, Fatehgarh Sahib, Punjab, India, and any disputes will be resolved through mediation or arbitration.

Consent Acknowledgment :

- ☐ I have no objections to undertaking the above therapy and I fully consent to it.
- ☐ I also consent to disclosing my case history for the benefit of other health seekers.

Full Name:S/W/D of.....

Age.....Sex:..... Date:.....Contact No:..... Signature:.....

Guardian/Attendee Name:..... Signature:.....Contact No:.....

E-mail :

