
INFORMED CONSENT FORM

Neither *Sunshine Herbs, Inc.* nor their associates do any of the following things, either implied or intended:

1. We do not diagnose or make no attempt to cure any condition.
2. We make no claims or imply any claims that suggestions are given to cure any condition.
3. 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.
4. We do not prescribe or treat disease, however, we do attempt to educate you in/on dietary recommendations and exercise if it is not contradictory to the recommendations of your primary physician.

Under State and Federal Laws persons receiving services considered to be of an experimental research nature by the FDA/AMA must be informed of such. An informed consent agreement is recommended for the protection of all parties involved. Please read, sign and return the below agreement. The information being sought is of a nutritional nature and is not for a medical diagnosis, treatment, disease prevention, or health assessment. I understand that this facility additionally accepts specimens for research purposes only. I hereby certify that I am not an employee, agent, or otherwise affiliated with the Federal Food and Drug Administration or an affiliated agency. I understand that Nutritional and Live Blood Microscopy, and Biofield Energetics evaluations are screenings for research purposes only and that the researcher conducting these sessions may not be a Medical doctor. I understand that I will perform my own finger prick, and that my specimen and data may be utilized confidentially for research and statistical gathering purposes. I further understand: According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201 (g) (1), the term "Drug" is defined to mean: Articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease. In other words, to "say" that a vitamin, mineral, or other food supplement will have any effect on disease symptoms thereof, that particular nutrient then becomes a drug under the law as written. Therefore, any suggested nutrition is not intended as a primary therapy for any disease or symptom, but, is an added schedule of food supplementation provided solely to upgrade and enhance the quality of food delivered through the diet.

If applicable, after the evaluation is completed, you may be referred to complementary/preventive health care practitioners, advanced biological medical clinics, and/or may receive nutritional information from reputable companies.

I, the undersigned client, understand the above statements. I, as the client, understand that diet and nutrition is considered to be an inexact science and that the results obtained are not always constant or predicable. I, also understand that there is no guarantee of any results and the opposite of the desired results may appear. Whether or not I participate in this procedure or program is my decision, based on my constitutional right of the Ninth Amendment. All decisions relative to my well-being and health must be made by me. I further understand that *Sunshine Herbs, Inc.* staff are not medical doctors and are not attempting to portray themselves nor conduct the activities of medical doctors. I also understand that I may undergo an assessment known as a Zyto/EVOX/QFA/BTA. Any information gathered from this source is used strictly for research purposes and the collection of data. At no time does this information offer me a diagnosis of any condition, malady or pathology, but instead merely reads energy and three factors; pH, rH2 and r. This assessment is performed for investigational purposes only. Curing disease or any other illnesses is between you and your health care/medical professional.

If any representations have been made to me concerning this program or if I have any understanding about this program which representations and/or understandings are contrary to any of the above statements, I will indicate so on this form.

Please do not wear perfumes or scented cosmetics on the day of your appointment.

Printed Name: _____

Address (include City, State, & Zip) _____

E-mail Address: _____

Contact Phone: _____

Signature & Date: _____