

MPS Treatment Consent and Video Release Form



I hereby consent to treatment with MPS therapy including such assessments, examinations and techniques, which may be recommended by my MPS therapist.

I acknowledge that the therapist is not a physician and does not diagnose illness or disease or any other physical or mental disorder. I clearly understand that MPS therapy is not a substitute for a medical examination. It is recommended that I attend my personal physician for any ailments that I may be experiencing. I acknowledge that no assurance or guarantee has been provided to me as to the results of the treatment. I acknowledge that with any treatment there can be risks and those risks have been explained to me and I assume those risks.

I have read the above noted consent and I have had the opportunity to question the contents and my therapy. By signing this form, I confirm my consent to treatment and intend this consent to cover the treatment discussed with me. I understand that at any time I may withdraw my consent and treatment will be stopped.

Contraindications of MPS:
Epilepsy/seizures (no treatment above the neck)
Pacemaker
Pregnancy
Cancer
Signature:
Date:
Witness:

I hereby consent to the use and publication by Acumed Medical Supplies, Ltd. and Acumed Medical, Ltd. (Acumed) of video images of me and to the Acumed's use of my image on a video intended for media dissemination and viewing at conferences and on the Internet. I agree that all such video images, and all rights therein, which include all worldwide copyrights, shall be and remain the Acumed's sole and exclusive property. This consent is irrevocable.

I hereby release and discharge the Acumed from any and all claims and demands arising out of or in connection with the use of such video images, including but not limited to any claims for defamation or invasion of privacy.

I am of legal age and have read the foregoing and fully understand the content thereof.

Signature:	 	 	
Date:	 	 	
Witness:			

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