



Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ How did you hear of us? \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Do you have a blog, website or personally owned business that you would like InternaPure to promote on our website?  
(If so, please provide web address and tell us a little bit about your business or site)

## HEALTH INFORMATION & HISTORY

Are you currently under a Doctor's care? \_\_\_\_\_ Explain / What Conditions? \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Current Supplements: \_\_\_\_\_

### CIRCLE ANY THAT APPLY

Pace Maker / Electronic Device  
Organ Transplant

Possibility Pregnant / Pregnant / Nursing  
HIV, Hepatitis A, B or C, Other Infectious Illness

Surgery Within Last Year  
Recent Bodily Trauma

### COLON HYDROTHERAPY / COLON CARE:

Have you ever had a professional colon hydrotherapy session? \_\_\_\_\_ If So When? \_\_\_\_\_

Where? \_\_\_\_\_

How often do you have regular bowel movements? \_\_\_\_\_

Do you have any bowel concerns? \_\_\_\_\_

### CIRCLE ANY THAT APPLY

Recent / Scheduled Colonoscopy  
Blood in Stool or Rectal Bleeding

Using Laxatives  
Itching / Burning Anus

Painful / Difficult Bowel Movement  
Hemorrhoids

## Contraindications for Infrared Sauna or Colon Hydrotherapy

**\*\*Mark Any Contraindications that Apply to You\*\***

### Who would NOT be a candidate for colon hydrotherapy sessions?

If you have a concern about your health or the appropriateness of colon hydrotherapy you should consult a medical doctor.

If you are diagnosed with diverticulitis, ulcerative colitis, Chrons disease, severe hemorrhoids, rectal or intestinal tumors, have undergone recent radiation therapy, have uncontrolled hypertension, congestive heart failure, or organic valve disease, have an aneurysm, severe anemia, GI hemorrhage/perforation, cirrhosis of the liver, fissures or fistulas, have an abdominal hernia, have had recent colon surgery or renal insufficiency then you would NOT be a candidate for colon hydrotherapy sessions.

InternaPure REQUIRES a Doctors Release for potential contraindications if you have been diagnosed with the following conditions:

Abdominal Hernia, Cardiac Condition, Fissures, Abdominal Surgery, Chron's Disease, Fistulas, Abdominal Distention, Colitis, Hemorrhaging, Acute Liver Failure, Colon Cancer, Hemorrhoidectomy, Anemia, Dialysis, Intestinal/GI Hemorrhage/ Perforations, Aneurysm, Diverticulitis, Kidney Disease, Lupus, Congestive Heart Failure, (Current) Pregnancy, Rectal/ Colon Surgery, Radiation Therapy, Organic Valve Disease, Uncontrolled Hypertension, Cirrhosis of the Liver

The Following are Contraindications for the Far Infrared Sauna or Infrared Sculpting Wraps, REQUIRING a Doctors Release: Pregnant or lactating, Dehydration, enclosed infections [dental, joints, etc], MS, Heat Illness (heat cramp/exhaustion/ stroke) or Medications that predispose you to heat illness or heat sensitivity [eg. *sympathomimetics, anticholinergics, tricyclic antidepressants, antihistamines, phenothiazines*]. Meds that reduce perspiration (eg

*diuretics, barbituates, B-blockers*), severe burns/scarring, heat rash, unstable hypertension, severe hypotension, hemophilia and/or a predisposition to hemorrhage, superficial metallic implants (ie. metal pins, rods, artificial joints or any other surgical implant) due to the reflection of infrared rays by these articles, *Diabetes and use of insulin subcutaneous injections*, Neuropathy, edema or lymphedema (swelling of the wrists, ankles, etc.), Cholinergic urticaria, acantholytic dermatosis, malaria, are attempting to conceive (male or female), or Systemic lupus, allergies to latex, minerals, magnesium, salts, or seaweeds.

You are responsible for your own health and wellbeing and participate in services at your own risk. InternaPure cannot know of any diagnosed or unknown contraindications that you may have, nor how your body will react to any holistic service therefore it is your responsibility to inform your Technician and provide appropriate medical releases BEFORE your service.

# INTERNAPURE REQUEST FOR ACCESS AND RELEASE OF LIABILITY HOLISTIC SERVICE EQUIPMENT AGREEMENT AND WAIVER, COVENANT NOT TO SUE PAGE 1

You know, I love to stay in the vibration of Love and to see roses and rainbows in every single situation and in every person, but unfortunately we live in an extremely litigious society where people make claims and sue for the smallest and most ridiculous things in order to try and get ahead, or get attention & money, repeat life long drama patterns or to feel seen. Sometimes "any attention is good attention", is how the saying goes isn't it? People in a business like mine have to not only protect our amazing clients and employees, but just as importantly we have to protect ourselves – this includes protection from being sued. Our Society thinks that when a lawsuit happens that it only involves the Insurance Companies or a Corporation itself and that it "doesn't hurt anybody", but that is just not true. Any lawsuit or claim against InternaPure affects my husband and I, our home & personal finances, our reputation, my children, my employees and ultimately all of my beautiful clients. So, even though I have the best clients in the world, who mostly become great friends - I have to do this distasteful bit of legal stuff to keep InternaPure from falling into a situation that has caused many of the Wellness and Holistic Centers and small businesses to close down. We want to be here to serve and love on our Clients far into the future, and unfortunately even one frivolous lawsuit or claim could sadly bring a halt to our Ministry here. Even though some of these paragraphs are full of words that may be hard to understand or even may seem scary, understand that I take the job of your safety, comfort, wellbeing and health very seriously. I only offer what I believe to be the best of the best with respect to our equipment and services while keeping my operating standards extremely high and non-compromising, and while we are human and do make mistakes we take every precaution that we can to keep those mistakes to an absolute minimum and hopefully to an impossibility. Thanks for your understanding in being exposed to this yucky side of business! We do love you deeply and are so glad that you are here!

Love,  
Lori

This agreement is made between \_\_\_\_\_, herein called "Client"/"Renter" or "Invitee" and InternaPure Holistic Health Center, LLC of Marietta, GA, herein called, "InternaPure". **This agreement also constitutes a Waiver/Release of Liability, Informed Consent and Covenant Not to Sue**, whereby the Client agrees to release, discharge, hold harmless, defend and indemnify InternaPure and its owners, agents, officers and employees from any and all claims, actions, lack of action or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of Client's use of ANY of the equipment, services or facilities at InternaPure. This expressly includes the Colenz Class 1 Self-Administered Enema Tables, the Far Infrared Lux Sauna, The Optimum Energetics Ionic Footbath, Massage Tables and Chairs or other equipment offered for rent and use by the Client on the premises or facilities or during Renter's participation in any Wellness Service, Educational Classes or Health activities herein. By signing this document, Client acknowledges he/she specifically understands he/she (Client) is releasing, discharging and waiving any claims or actions that I may have at the present time, or in the future, for the negligent acts, omissions or other conduct, equipment failure, misuse or disruption by the owners, agents, officers or employees of InternaPure. By executing this Request for Access and Covenant not to sue YOU (Client & Invitee) are fully assuming the risk of any injury incurred while at InternaPure and are waiving all rights now and in the future to sue InternaPure for any injury by negligence, misuse, or misrepresentation while on InternaPure Property or participating in InternaPure activities.

## **Please initial each item and sign below to acknowledge acceptance of this agreement.**

### 1. Informed Consent:

\_\_\_\_\_ I understand and consent that **I will not be receiving a medical diagnosis or medical treatments at this facility.** I am fully aware that the director of this facility does not hold a medical license, nor is there a medical doctor or credentialed medical professionals on staff (even though some of the staff may wear scrubs to protect their clothing). In an emergency, 911 will be immediately called as there are no credentialed medical personnel on site. **This facility does not claim to cure or treat any condition or disease.** So please do not ask your therapist what is in your footbaths or in your feces, as without formal testing and quantitative analysis one could only speculate. Any lab tests, analysis or screenings done at this facility are not traditional clinical or medical tests used for the sake of diagnosis but rather are an evaluation of potential weakness or stress areas to the body.

\_\_\_\_\_ Any homeopathic or bio-energetic remedies, supplements, or herbal products discussed or consumed or sold to me during my visits, sessions, seminars, or consultations are not prescription drugs used to treat or cure a specific disease or illness and are offered only as a convenience to me and I understand that **I consume these at my own risk**, and release liability of InternaPure and it's Agents in the event of any illness or injury resulting, without limitation or reservation.

\_\_\_\_\_ I have been made aware that the BioEnergetic medicine, colon hydrotherapy, sauna, body wraps, massage and detoxification *treatments have not been thoroughly studied or researched nor proven to treat or cure any disease, illness or condition.* **No guarantees or promises have been made as to the outcome of my health status** or the amount of time it may take to reach my health and nutritional goals.

\_\_\_\_\_ The Colon Hydrotherapy device used in this facility is a Colenz FDA Registered Class I, non-medical / non-prescriptive gravity enema device. **I understand that Colon Hydrotherapy is a self-administered procedure where I, as the user, am solely responsible for my own actions and release liability, without reservation or limitation, regarding my health.** I have the choice to make my colonic session completely private but will have immediate access to my therapist at all times. Furthermore, I accept the responsibility for self-insertion of the rectal tube as insertion of the rectal tube at this facility by a technician is strictly forbidden. I am aware that **adverse events** such as perforation, injury and illness have been alleged and claimed with the use of colon irrigation and enema devices. I understand that **it is my responsibility to research and educate myself fully on all of the risks** associated with Colon Hydrotherapy and Enemas and infusions, not the responsibility of InternaPure or it's agents to fully educate me, and choose to continue my session at my own risk. *I agree that if I experience any resistance during the insertion of the rectal tube, I will stop immediately and notify my therapist. If I experience excessive discomfort, cramping, pain, nausea or vomiting, I am responsible for notifying my therapist and stopping my own session.*

\_\_\_\_\_ The Colenz Colon Hydrotherapy device and the Lux Far Infrared Sauna used in this facility is inspected manually for safety and full functionality in between every single client and is deemed to be in optimal working order before every session. In addition, a second visual inspection is performed before each new session begins and as such I understand and agree that **I am essentially renting the Lux Sauna and/or Colenz FDA Registered Class I, non-medical gravity device in it's AS-IS state.** I agree to hold any practitioner, technician or therapist at this facility harmless of any injury resulting from any omissions, errors, negligence or malfunctions of the equipment for any reason without limitation or reservation.

# INTERAPURE REQUEST FOR ACCESS AND RELEASE OF LIABILITY HOLISTIC SERVICE EQUIPMENT AGREEMENT AND WAIVER, COVENANT NOT TO SUE Pg. 2

\_\_\_\_\_ I understand that all Body Sculpting Wraps, Infrared Wraps or other Wraps are ultimately self-administered with the help of a technician per my request. These services are not performed by a State Certified or Credentialed personnel as they are self-applied and self-administered. I am aware that adverse events such as burns, skin rash, allergic reactions, dehydration, heart issues, kidney stress, injury and illness have been alleged and claimed with the use of the far infrared sauna and body wraps, seaweed wraps and transdermal magnesium therapy. I understand that **it is my responsibility to research and educate myself fully on all of the risks** associated with Far Infrared Saunas and Body Wraps, Transdermal Magnesium Therapy, and Detox Therapy, not the responsibility of InternaPure or it's agents to fully educate me, and choose to continue my session at my own risk, releasing all liability without reservation or limitation.

\_\_\_\_\_ InternaPure employees, Practitioners, Therapists or other agents cannot know fully to any extent pre-existing conditions both known and unknown to any Client or person. **InternaPure agents are not medical professionals and can only guess as to if any service or equipment rental is contraindicated or would compromise the health of any person.** I understand that there are guidelines that help InternaPure agents to help guide me as to if a Service or Equipment usage is safe for me, but ultimately I am in full responsibility and control of my own wellbeing at all times and make the decision to proceed with any service, procedure or equipment usage at my own risk. I release all liability, without limitation or reservation, to InternaPure and any of it's employees or agents for any injury or illness that may occur from omission of pre-existing conditions both known and unknown or for any injury that occurs during any service or equipment usage. I understand that InternaPure cannot know 100% of the outcome of any procedure and I am proceeding at my own risk.

\_\_\_\_\_ I understand there is a 24 hour cancellation notice policy. Furthermore, that **I will be charged \$50** or the amount of the scheduled service if it is less than \$50, should I fail to provide such notice. **In the event that I have purchased a services package and fail to show up during my scheduled appointment time I understand that I will forfeit the package service for that day.** I understand these policies are subject to change without further notice.

In consideration of the mutual covenants, conditions and promises contained in this Release, the parties agree as follows:

\_\_\_\_\_ 2. Releases. The Client/Invitee, on behalf of themselves and on behalf of their respective heirs, legal representatives, officers, directors, employees, agents, successors and assigns, **release InternaPure and all related parties from all actions, causes of action, failure to act, claims, demands, damages** (including compensatory, exemplary, statutory, and punitive damages) attorney fees, costs and matters of any kind, in law, equity, or otherwise that any item individually or in any representative capacity has or has ever had or will have against InternaPure because of or arising out of any Service, Activity, Educational Course or Equipment use, Facility use or rental associated with InternaPure or it's agents and any events related thereto occurring on, before, or after the date of this Release. This release applies, without limitation or reservation to any events, actions, lack of actions or claims undergirding or arising out of any and all equipment rental or use, massage, healing or other facility experiences Client has with InternaPure, Lori Goodwin, Double E Investments, LLC or InternaPure Agents.

\_\_\_\_\_ 3. Covenant Not To Sue. The Client/Invitee, on behalf of themselves and on behalf of their respective heirs, legal representatives, officers, directors, employees, agents, successors and assigns, **promise not to sue** or proceed in any manner, in agency or other proceedings, whether at law, in equity, byway of administrative hearing or otherwise, to solicit others to institute any such actions or proceedings or consent to be a complaint in any criminal, professional or liability action or proceeding, against InternaPure and it's respective heirs, legal representatives, officers, directors, employees, agents, successors and assigns, because of or arising out of any event or transaction described in Section 1 & 2 and any events related thereto occurring on, before or after the date of this Release and Covenant. **This Covenant Not To Sue covers the Client/Invitees use of any of the services and/or facilities of InternaPure and does hereby discharge all related parties from any possible legal claim for an act, or failure to act, amounting to negligence. InternaPure and any affiliated companies or agents are hereby released from all such claims, demands, injuries, damages, actions or causes of action and Client/Invitee fully understands that he or she is prohibited from bringing a suit based in negligence or any type of malpractice against the business entity.**

\_\_\_\_\_ 4. Indemnification. **This Release may be pleaded as a full and complete defense to, and may be used as the basis for an injunction against, any action, suit or other proceeding** which may be instituted, prosecuted or attempted in breach of this Release. Further, **each of the parties will indemnify and hold each other harmless against all losses, damages, costs and expenses, including reasonable attorney fees,** resulting from the breach of any promise, provision, representation or covenant contained in this Release.

\_\_\_\_\_ 5. No Admission of Liability. It is understood and agreed that this Release and Covenant Not to Sue does not constitute and admission of liability on the part of any party. Rather, this Release is agreed to by all parties to terminate any past, present or future expense or controversy about claims which could be made concerning the matters described herein.

\_\_\_\_\_ 6. No Duress. The Client has carefully read the foregoing Release and Covenant Not to Sue and states that they fully understand the same and **signs it as their own free act** without any duress.

\_\_\_\_\_ 7. Agreement. This agreement constitutes the entire agreement between InternaPure and Client/Invitee and **no term may be waived or modified (including provision against oral modification) except in writing signed by both parties.** There are no warranties, promises or guarantees, expressed or implied, by InternaPure or it's Agents to Client/Renter, except as contained herein, and InternaPure shall not be liable for any loss or injury to Client/Renter nor to anyone else, of any kind or however caused. This agreement is one of bailment only and InternaPure is not Client's agent while using said Equipment or participating in any Service, Class or Facility activity or Session. The laws of the State of Georgia shall govern this agreement.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. [Print Name] \_\_\_\_\_

Client: \_\_\_\_\_ [Signature]

InternaPure Agent: \_\_\_\_\_ [Signature]