

Ozone Therapy Consent and Release Form

I, _____, understand that Light of The Wayshower / Cindy Lou Hawthorne will be administering Ozone directly to me by either rectally, vaginally and or Auricular (ear) insufflation. These therapies, although discounted by conventional medicine and unapproved of by insurance companies, have over a fifty-year track record of safety and efficacy.

I understand that Ozone therapy is a noninvasive, natural, non-toxic, and safe treatment for variety of health issues. All kinds of illness and disease can be targeted by using ozone. Ozone is a highly reactive form of oxygen. Instead of two oxygen molecules, ozone has three oxygen molecules. This three-oxygen molecule structure is highly reactive and unstable which allows it to create a curative response in the body. It oxidizes and destroys harmful components and its byproduct, oxygen, energizes your entire body. _____

I understand that if I have any of the following contraindications, I should NOT have any Ozone Therapies: pregnancy, blood-clotting disorders, including hemophilia, constant consumption of anticoagulants, severe anemia, conditions after hemorrhage and hemorrhagic tendency, convulsions, mental diseases in the acute stage, hyperfunction of thyroid, poorly controlled diabetes, and or terminal states. I have read, understood, and agreed that I have none of the above stated contraindications. _____

I understand that NO FDA APPROVAL You are aware of and specifically understand that the Food and Drug Administration has not approved the Ozone-Oxygen mixture to be administered as a method of treating, curing, or preventing disease. You voluntarily agree to get ozone therapy treatment. No promises have been made to you or implied by light of the Wayshower / Cindy Lou Hawthorne regarding the outcome of this treatment. _____

I have read, understood, and agreed to all the above stated policies.

I _____ give my consent to Light of The Wayshower / Cindy Lou Hawthorne to give me one or multiple Ozone Therapy Treatment or Treatments.

Print Name: _____

Signature: _____ Date: _____