

# **ABSOLUTE HEALTH SOLUTIONS**

## **Client Services Agreement, Informed Consent, Waiver of Liability & Membership Policies**

### **Absolute Health Solutions**

Ruckersville, Virginia

### **Purpose**

Welcome to Absolute Health Solutions. Our mission is to provide wellness services designed to support the body's natural healing processes. By receiving services, you acknowledge and agree to the following policies, informed consent, and waiver terms.

### **Payment Policy**

Payment is due at the time of service. All sales are final. Wellness services, packages, memberships, and prepared products are non-refundable. Services requiring preparation may incur a cancellation fee if cancelled at the time of the appointment. We accept major credit cards, debit cards, cash, and other approved payment methods.

### **Services Covered**

This agreement applies to all services offered by Absolute Health Solutions including, but not limited to: BioResonance Analysis, NeuroCode Brain Integration, Hyperbaric Oxygen Therapy (HBOT), Colon Hydrotherapy, Infrared Sauna, Red Light Therapy, Halotherapy, Hydrogen Therapy, Sound Bed Therapy, Ion Detox Foot Baths, Pelvic Floor Therapy, Lymphatic Therapies, Wellness Coaching, Classes, Workshops, Meditation, Movement Programs, and other wellness services.

### **Waiver of Liability**

By voluntarily participating in services, you understand that wellness services carry inherent risks. You voluntarily assume responsibility for those risks and release Absolute Health Solutions, its owners, practitioners, employees, contractors, and volunteers from claims arising from participation except where prohibited by law. You understand these services are not emergency medical care and are not intended to diagnose, treat, cure, or prevent disease.

### **Medical Responsibility**

You affirm that you have disclosed relevant health conditions, medications, implants, pregnancy status, and other factors that may affect participation. You are responsible for consulting your licensed medical provider regarding medical concerns.

### **Emergency Care**

In the event of a medical emergency, you authorize staff to obtain emergency medical assistance if deemed necessary. All associated costs remain your responsibility.

### **Results**

Individual responses vary. No guarantee of specific outcomes is expressed or implied.

### **Membership Policies**

Memberships automatically renew monthly unless cancelled in writing with at least 45 days' notice. Memberships are non-refundable and non-transferable except immediate family pricing benefits where offered. Missed or failed payments may result in

suspension of services until the account is brought current.

### **Cancellation Policy**

A minimum of 24 hours' notice is required to cancel or reschedule appointments. Less than 24 hours' notice, no-shows, or arrivals more than 15 minutes late may result in cancellation fees or forfeiture of prepaid sessions.

### **Acknowledgement**

I acknowledge that I have read, understand, and voluntarily agree to these policies. I understand that participation is voluntary and that I may discontinue services at any time.

### **Client Signature**

Printed Name	
Signature	
Date	
Phone	
Email	
Emergency Contact	