

# INFORMED CONSENT FORM FOR BIOLOGICAL IMMUNITY RESEARCH INSTITUTE®

It is hereby understood by the undersigned, hereinafter known as “Client,” that:

1. Biological Immunity Institute (BIRI) does not diagnose. Nothing we say or imply should be construed as such. The purpose of this Research Project is to determine the efficacy of the **Biological Immunity System®** regarding various physical- emotional stressors and the degree of improvement.
2. This is a *research* project. BIRI makes no attempt to cure any “condition”. We make no claims or imply any claims that suggestions are given to cure any condition. We do not claim that any supplemental material such as vitamins, minerals or herbs will cure any condition, nor that its purpose is to treat any condition.
3. The purpose of this Research Project is NOT to treat disease. The purpose is to ascertain certain physical and emotional factors. We then attempt to EDUCATE you concerning foods, nutrition and lifestyle modifications which may enhance your physical and emotional well-being.
4. I am not participating for medical diagnostic or treatment procedures. If I have any health problem, health condition, or disease, I am now being advised to seek qualified medical opinion from a licensed doctor of medicine. I am also being advised not to postpone nor delay getting competent medical advice. I understand and agree that any services rendered by BIRI are not designed to cure or prevent any disease, pain, deformity, injury, or mental or physical condition of any kind. I am here to learn how to do this for myself.
5. The subjects taught by BIRI are limited to education in matters pertaining to the improvement in the overall general health and physical fitness for maintenance of the best possible state of physical, mental and emotional health. These subjects may or may not include examination of blood, hair, urine, saliva, etc. Such procedures are NOT for the diagnosis or treatment of any health condition or disease, unless so determined by our medical staff.
6. Certain persons considered experts may disagree with our conclusions and opinions concerning your physical, mental or spiritual deficiencies and the approach needed to rectify them, but our recommendations are deemed by us, nevertheless, to be of current professional interest and based upon reliable and sound authority.
7. MemGram® Processing is not to be construed as “Psychotherapy,” “Memory Retrieval Therapy,” “Psychiatry,” “Auditing” nor any form of “Secular Counseling” or other technique or modality offered only by licensed practitioners. The MemGram® Processor simply asks questions and is not to be viewed as an “authority figure”.
8. If any representations have been made to you concerning this program, or if you have any understanding about this program which is contrary to any of the above statements, you will so indicate at the bottom of this form.

I, the undersigned client, understand and agree to the above. I understand that Wellness Counseling is an inexact science and that the results obtained are not always constant nor predictable.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# MEDICAL / LIABILITY RELEASE

The undersigned hereby acknowledges that s/he desires to participate in the **Biological Immunity Research Institute®** (BIRI) Research Program, and, as a prerequisite to participation, does hereby represent and agree that:

## PHYSICAL CONDITION/MEDICAL FITNESS

I declare and represent that my health is such that I am capable of undergoing and participating in the program of wellness education in which I have voluntarily enrolled, and that I have been advised that I should not participate in such a program unless I have first been examined by a competent medical doctor or chiropractor or other medical practitioner and have been determined fit to participate in a program of wellness education. I am aware of no medical conditions which would prevent my participation in any wellness education program.

## ASSUMPTION OF RISK/RELEASE OF LIABILITY

Being fully aware of the conditions set forth in the preceding paragraph, I do hereby voluntarily request that I be permitted to participate in the wellness education program offered by BIRI, and in consideration thereof I assume all risks and responsibility for any injury or damage which I may sustain, which may be directly or indirectly related to participation in the wellness education program instructed by BIRI.

I further do, by my signature below, hereby remise, release and forever discharge BIRI, and all other persons, firms, associates or other entities who may be engaged by or associated with BIRI as principals, agents or otherwise, from all liabilities, accounting, claims, controversies, suits, actions or causes of actions, injuries or damages, claims or demands, in law or in equity, which I might assert or wish to assert against BIRI as a result of my voluntary participation in the Wellness education program, including all claims which I may now have or which hereafter can, shall or may accrue, for or by reason of any claim, cause or thing whatsoever from the date of enrollment in the program forward to anytime in the future.

## REPRESENTATIONS OR WARRANTIES

I clearly understand that no representations or warranties of any kind, whether expressed or implied, have been made to me guaranteeing the results of the program in which I have enrolled, and that no representation is made by BIRI that the program of wellness education offered will diagnose or treat or cure disease or similar medical problem.

Signature \_\_\_\_\_ Date \_\_\_\_\_