



Colon Hydrotherapy
1014 Dulaney Valley Road, Towson, Md
Consent and Release Form

Client Name: _____

Address: _____

Phone: _____

I, _____, certify that I am over 18 years of age, or I am the father/mother, legal guardian of _____.

For receiving instructions and session here, I release and forever discharge Nancy Britos-Bray and all associates of Embrace Health from any and all responsibility or liability arising from these procedures and demonstrations. I understand that the therapist giving me a colon hydrotherapy session is not a physician and is not providing medical services of any kind.

I have not been promised anything to submit to these procedures, or to sign this consent form. No guarantees or warranties have been made to me as to the success, value, or benefit of such procedures. I realize and acknowledge that the instruction and services given are NOT medical treatment. I have been instructed and understand that I am free to withdraw my consent and discontinue visits here at any time.

For this has been fully explained to me and I certify that I understand its contents.

Clients signature

Date