



MPS Treatment Consent and Video/Image Release Form



I hereby consent to treatment with MPS therapy including such assessments, examinations and techniques, which may be recommended by my MPS therapist.

I acknowledge that the therapist is not a physician and does not diagnose illness or disease or any other physical or mental disorder. I clearly understand that MPS therapy is not a substitute for a medical examination. It is recommended that I attend my personal physician for any ailments that I may be experiencing. I acknowledge that no assurance or guarantee has been provided to me as to the results of the treatment. I acknowledge that with any treatment there can be risks and those risks have been explained to me and I assume those risks.

I have read the above noted consent and I have had the opportunity to question the contents and my therapy. By signing this form, I confirm my consent to treatment and intend this consent to cover the treatment discussed with me. I understand that at any time I may withdraw my consent and treatment will be stopped.

Contraindications of MPS:

- Epilepsy/seizures (no treatment above the neck)
- Pacemaker
- Pregnancy
- Cancer

Signature: _____

Date: _____

Witness: _____

I hereby consent to the use and publication by Center for Pain and Stress Research Ltd. (CPSR) and Acumed Medical Ltd. (Acumed) of video or images of me and to CPSR/Acumed's use of my image or video intended for media dissemination and viewing at conferences and on the Internet. I agree that all such videos/images, and all rights therein, which include all worldwide copyrights, shall be and remain the CPSR/Acumed's sole and exclusive property. This consent is irrevocable.

I hereby release and discharge the CPSR/Acumed from any and all claims and demands arising out of or in connection with the use of such videos/images, including but not limited to any claims for defamation or invasion of privacy.

I am of legal age and have read the foregoing and fully understand the content thereof.

Signature: _____

Date: _____

Witness: _____