



POLO

HEALTH + LONGEVITY
CENTRE

Informed Consent for Colon Hydrotherapy

I, the undersigned, hereby acknowledge that the Colon Hydrotherapist is not a medical practitioner and that any services offered to the clients in this office are at the request of the client in taking control of their own health.

We do not diagnose, treat or prescribe for any disease, pain, injury, or disability of physical condition.

I understand that I cannot hold the Colon Hydrotherapist liable in any way for the above-mentioned.

All information is at the request of the client and no guarantees have been nor will be made concerning the results that may be obtained during a meeting.

Cancellation Policy

I understand that Polo Health + Longevity Centre has a 24 hour cancellation policy, and I agree to pay a \$50 fee for late cancellations or missed appointments. I also understand that pre-paid sessions are non-refundable and are to be used within 6 months of purchase.

I hereby affirm that I have read and understood all of the above

Signature: _____

Print Name: _____

Date: _____