

THE BIOSANCTUARY

PRIVATE MEMBERSHIP ASSOCIATION

Member Liability Waiver and Voluntary Participation Agreement

Member Name: _____

I affirm that I am a Member of **The BioSanctuary Private Membership Association ("The Association")** and voluntarily choose to receive treatments, biological medicine, health education, purification programs, retreats, spiritual practices, and/or other services offered through **The BioSanctuary**.

I understand that The BioSanctuary's alternative, biological, energetic, nutritional, botanical, and restorative care provides the practical means through which its mission of **reuniting Human Biology with God and Nature** is carried out by removing interference, restoring the Biological Terrain, replenishing what God and Nature provided, and supporting the Divine Intelligence inherent within the Body.

My participation in The BioSanctuary is voluntary and does not surrender my bodily autonomy, privacy, freedom of conscience, spiritual discernment, or responsibility for determining what I choose to permit to enter or be done to my Body.

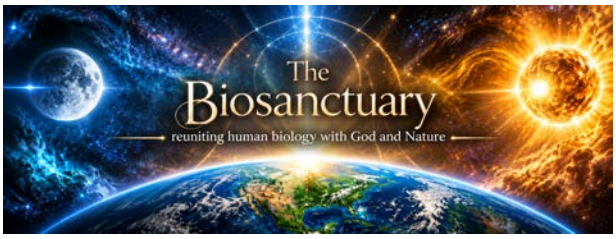
I understand that treatments, services, programs, and activities may be provided individually or in a group setting; may occur on-site or off-site; may involve participation with other holistic, biological, spiritual, educational, or wellness programs; and may require varying degrees of physical, mental, and emotional participation.

Treatments, Therapies, and Services Covered by This Waiver

Treatments, therapies, services, programs, and activities that may apply to this waiver include, but are not limited to:

Biological Medicine

- Extracorporeal Blood Oxygenation and Ozonation (EBOO)
- Major Autohemotherapy with Ozone (MAHT)
- 10-Pass Ozone Blood Therapy
- Vaginal and Rectal Ozone Insufflation
- Ozonated Water
- HOCATT™ Ozone / Carbonic Acid Sauna Therapy
- Nicotinamide Adenine Dinucleotide (NAD) IV Therapy
- NAD Subcutaneous (SubQ) Injections
- Custom Vitamin and Mineral IV Therapy
- High-Dose Antioxidant IV Therapy, including Vitamin C and Glutathione
- Phosphatidylcholine IV Therapy
- IV Ultraviolet and Infrared Fiber-Optic Laser Therapy
- Medical-Grade Hydrogen Therapy
- Colon Hydrotherapy
- Fecal Microbiota Transplantation (FMT)
- Organic Food, Super Nutrients, and Targeted Nutritional Therapy



HOCATT™ Integrated Therapies

A HOCATT™ session may incorporate multiple therapies within a single treatment, including:

- Steam Ozone Sauna Therapy
- Carbonic Acid / CO_2 Therapy
- Oxygen Therapy
- Pulsed Electromagnetic Field (PEMF) Therapy
- Far-Infrared Therapy
- Photon Light Therapy
- Microcurrent Therapy
- Ultrasonic Cavitation
- Whole-Body Hyperthermia

Energy, Frequency, and Spiritual Practices

- Pulsed Electromagnetic Field (PEMF) Therapy
- Rife Frequency Therapy
- Rife Frequency / PEMF-Charged Toroidal Field Treatments
- Reiki
- Yoga, including Hot Kundalini Yoga
- Spiritual Massage
- Bioharmonics VIBE Bed
- Crystal Bowl / Sound Therapy
- Light Body Activations
- Meditation, mindfulness, and other spiritual or energetic practices

Educational and Retreat Services

- Health and Biological Medicine Education
- Lectures and Workshops
- Nutritional Education and Protocols
- Purification and Detoxification Programs
- Spiritual Practices
- Retreat Activities and Movement Programs
- Off-Site Activities associated with BioSanctuary programs

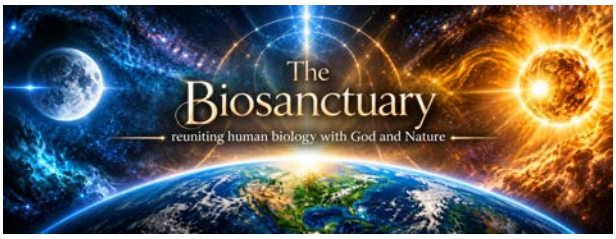
This list is intended to identify the principal treatments, therapies, services, and activities presently offered or incorporated into programs of The BioSanctuary. The availability of any particular treatment or service may change, and inclusion in this list does not constitute the Member's consent to receive it.

The Member retains the right to accept, refuse, or discontinue each individual treatment, therapy, service, or activity. Membership in The BioSanctuary Private Membership Association or participation in a BioSanctuary program or retreat does not constitute blanket consent to every treatment listed above.

Individual Choice and Personal Discernment

I understand that I retain the right to accept, refuse, or discontinue any treatment, medicine, substance, procedure, activity, or practice offered through The BioSanctuary.

The final decision concerning what enters or is done to my Body belongs to me.



I understand that I may seek information and counsel from physicians, practitioners, healers, ministers, family members, or anyone else I choose. Such counsel may inform my decision but does not replace my conscience or personal discernment.

I understand that participation in The BioSanctuary's programs does not require me to surrender my independent judgment concerning my Body, health, healthcare, or participation in any individual treatment or practice.

Voluntary Participation and Personal Responsibility

I understand that my participation in The BioSanctuary's programs, activities, services, and treatments is voluntary.

I am encouraged to participate fully in those activities and services I personally determine I am physically, mentally, emotionally, and spiritually prepared to undertake.

I accept responsibility for communicating honestly with BioSanctuary personnel concerning my present condition, limitations, symptoms, reactions, medications, treatments, or other information that I believe may affect my participation.

If at any time I believe that I should stop or modify an activity or treatment, seek medical attention, consult another practitioner, or obtain emergency medical care, I understand that it is my responsibility to communicate that decision and act accordingly.

Nothing in my membership in The BioSanctuary Private Membership Association prevents me from seeking emergency, surgical, acute, or other temporary medical care that I personally determine is appropriate for my circumstances.

Acknowledgment and Assumption of Risk

I understand that physical activities, biological treatments, wellness practices, detoxification and purification programs, IV therapies, ozone therapies, colon hydrotherapy, energy and frequency therapies, nutritional protocols, retreat activities, and other treatments, services, or activities may involve risks, expected or unexpected reactions, discomfort, injury, complications, or other adverse outcomes.

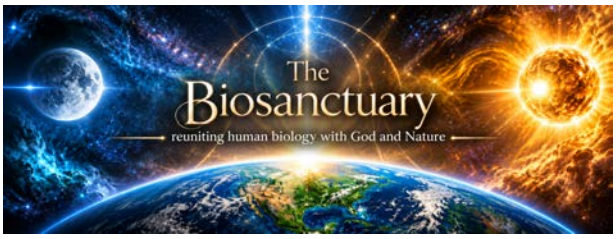
I understand that no treatment, procedure, program, or activity can be represented as entirely without risk and that individual responses may vary.

I acknowledge that I have had the opportunity to ask questions concerning any treatment or activity in which I choose to participate and to obtain additional information or outside counsel before making my decision.

By voluntarily choosing to participate, I knowingly accept the risks associated with the particular treatments, services, programs, and activities I elect to receive or undertake.

I understand that my consent to one treatment, service, or activity does not constitute consent to every treatment, service, or activity offered through The BioSanctuary.

I retain the right to decline or discontinue participation in any individual treatment, therapy, service, program, or activity.



No Guarantee of Outcome

I understand that The BioSanctuary does not promise or guarantee any particular health outcome, cure, prevention of disease, response to treatment, or result from my participation.

I understand that The BioSanctuary's High Impact BioLOGICAL Medicine model seeks to remove interference, restore the Biological Terrain, replenish what has been depleted, and support the Divine Intelligence and self-organizing capacity inherent within the Body.

I understand that individual responses to treatments, therapies, nutritional programs, detoxification, biological medicine, energetic practices, and other services may vary.

Release and Waiver

To the fullest extent permitted by applicable law, I voluntarily assume the ordinary and inherent risks associated with the treatments, activities, programs, and services I choose to receive or participate in.

To the fullest extent permitted by applicable law, I release and waive claims against **The BioSanctuary Private Membership Association, The BioSanctuary, and their respective officers, directors, employees, agents, practitioners, contractors, volunteers, representatives, and fellow Members** arising from the ordinary and inherent risks of my voluntary participation, except to the extent that a claim cannot lawfully be released or waived.

I understand that this Agreement is intended to apply to me and, to the extent permitted by law, my spouse, heirs, estate, personal representatives, and successors.

Nothing in this Agreement is intended to waive a right or claim that cannot legally be waived.

Private Membership Relationship

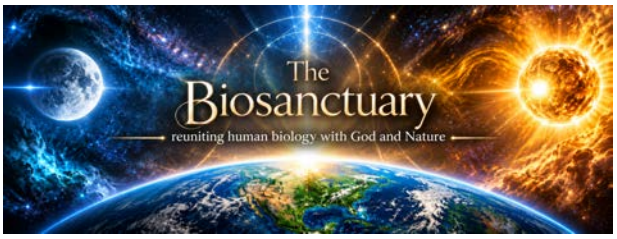
I acknowledge that my participation in treatments, services, programs, retreats, and activities through The BioSanctuary occurs within my voluntary membership relationship with **The BioSanctuary Private Membership Association**.

My participation in any particular treatment, service, program, or activity does not interrupt, suspend, or diminish my membership relationship with The Association.

I retain my personal and spiritual discernment and the final decision concerning which treatments, medicines, substances, procedures, activities, practitioners, or practices I accept or refuse.

I understand that while receiving treatments, services, programs, biological medicine, health education, purification programs, retreats, spiritual practices, or other services through The BioSanctuary, I remain a Member of The BioSanctuary Private Membership Association, with the privacy, freedom of conscience, freedom of association, and other protections asserted by The Association and available to its Members under applicable law.

I understand that the private membership relationship provides the framework through which I voluntarily associate with other Members and receive or participate in the information, treatments, therapies, programs, practices, products, and services made available through The BioSanctuary.



Relationship to Individual Treatment Consent

I understand that this **Member Liability Waiver and Voluntary Participation Agreement** governs my general voluntary participation in The BioSanctuary and does not constitute blanket consent to every treatment or procedure offered by The BioSanctuary.

This Agreement does not replace treatment-specific information, disclosures, discussions, or informed-consent documents that may be provided for a particular treatment or procedure.

I retain the right to ask questions before receiving a particular treatment and to accept, refuse, or discontinue that treatment.

Member Acknowledgment

By signing below, I acknowledge that I have read this **Member Liability Waiver and Voluntary Participation Agreement**, understand its contents, and have had an opportunity to ask questions before signing.

I acknowledge that I am voluntarily choosing to become and/or remain a Member of **The BioSanctuary Private Membership Association** and to participate in those BioSanctuary treatments, programs, services, therapies, and activities that I personally choose.

I understand the nature of the private membership relationship and acknowledge that my participation is undertaken voluntarily and according to my own judgment and discernment.

I affirm that I am signing voluntarily, as my own free act and deed, without coercion.

I understand that no oral representation, statement, or inducement changes the written terms of this Agreement unless incorporated into a written amendment accepted by the parties.

Member Name: _____

Member Signature: _____

Date: _____

BioSanctuary PMA Representative: _____

Signature: _____

Date: _____