

THE BIOSANCTUARY

A Private Membership Association

Reuniting Human Biology with God and Nature

MEMBER INTAKE FORM

Membership Agreement / Waiver

Member Name: _____

Dear Member,

We are pleased to welcome you to **The BioSanctuary**.

Included is your private membership in The BioSanctuary Private Membership Association and the applicable membership and waiver provisions governing participation within The Association.

The BioSanctuary is a lawfully formed Private Membership Association dedicated to providing its Members access to alternative healthcare, **High Impact BioLOGICAL Medicine, God and Nature Medicine, biological-health education, natural healthcare services, purification and restoration practices, and other services intended to support the Biological Terrain and the Divine Intelligence inherent within the human body.**

The foundational mission of The BioSanctuary is:

Reuniting Human Biology with God and Nature

The alternative, biological, energetic, nutritional, botanical, and restorative care provided through The BioSanctuary is the practical means through which this mission is fulfilled.

Our medical model seeks to identify and remove interference within the Biological Terrain, replenish what has been depleted, restore the natural biological conditions provided by God and Nature, and support the Divine Intelligence already inherent within the Body and its continual capacity for self-organization.

The following agreement explains this private membership relationship and the rights, benefits, responsibilities, and understandings associated with membership.

The BioSanctuary Administration

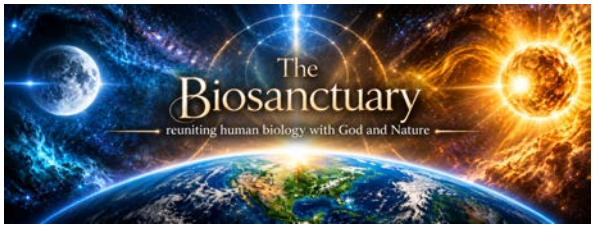
---

1. OVERVIEW

I hereby apply for membership in **The BioSanctuary**, hereafter termed **"The Association,"** a Private Membership Association.

With the signing of this Membership Agreement, I accept the offer made to become a Member of The Association and have read and agree with the following **Declaration of Purpose, Preamble, and Memorandum of Understanding.**

Member Initials: _____



---

2. DECLARATION OF PURPOSE

The purpose of The Association is to provide Members with the highest level of alternative and natural healthcare-related services, providing the most effective, efficient, and safest methods of treatment, recovery, prevention, biological restoration, and health optimization as determined by The Association and the Member.

These alternative healthcare services directly fulfill the foundational mission of The BioSanctuary:

Reuniting Human Biology with God and Nature

The BioSanctuary practices a **Biological Terrain-first medical model** based upon the understanding that Divine Intelligence is inherent within the human body as a living, self-organizing intelligence continually working to preserve life and restore the Biological Terrain toward its Divine Pattern.

The alternative, biological, energetic, nutritional, botanical, and restorative therapies available through The Association are therefore not separate from this mission. **They are the practical tools through which the mission is carried out.**

Through these therapies and practices, The BioSanctuary seeks to identify and remove interference, replenish what has been depleted, purify and restore the Biological Terrain, reestablish the natural conditions provided by God and Nature, and support the Divine Intelligence already inherent within the Body.

Our medical model does not begin with the isolated management of symptoms. It begins with the question:

What can we remove, and what can we restore?

The BioSanctuary recognizes that Body, Mind, Soul, environment, nourishment, movement, water, sunlight, oxygenation, detoxification, biological integrity, emotional well-being, and our relationship with Nature continually interact.

Accordingly, the alternative healthcare offered through The Association may address the Member as a whole rather than limiting participation to a single symptom, diagnosis, organ system, or modality.

High Impact BioLOGICAL Medicine

The BioSanctuary's **High Impact BioLOGICAL Medicine** model recognizes the **“LOGICAL” within BioLOGICAL life as the Divine Intelligence inherent within the human Biological Terrain—the self-organizing intelligence through which the living body continually assembles, adapts, repairs, renews, and restores itself.**

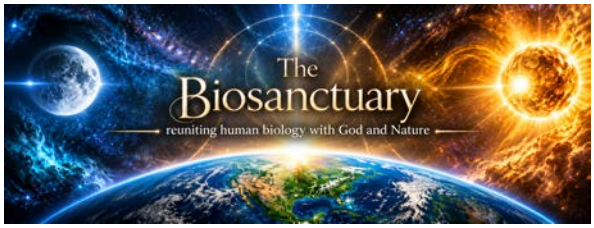
The purpose of our alternative and biological medicine is not to replace this Divine Intelligence. **It is to support it.**

Remove the interference. Restore what God and Nature provided. Replenish and restore the Biological Terrain. Support Divine Intelligence. Allow the Body to continually self-organize toward its Divine Pattern.

This is the medical model through which The BioSanctuary fulfills its mission of **Reuniting Human Biology with God and Nature.**

---

3. TREATMENTS, THERAPIES, SERVICES & PRACTICES



The Association may offer all relevant and necessary health-related and chiropractic care and professional advisement on Homeoprophylaxis and associated modalities, and other such courses of care, treatment, prevention, purification, restoration, and health optimization.

Treatments, therapies, services, products, and practices available within The Association may include, but are not limited to:

Biological Medicine & Blood Therapies

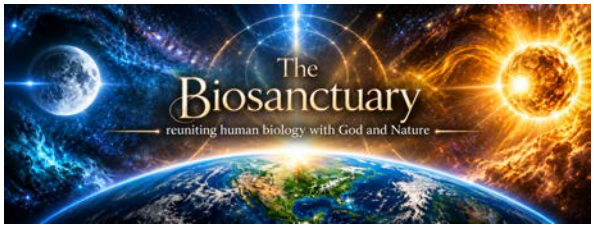
- Major Ozone Autohemotherapy (MAHT)
- 10-Pass Ozone Blood Therapy
- Extracorporeal Blood Oxygenation and Ozonation (EBOO)
- Vaginal and Rectal Ozone Insufflation
- IV Ozone Therapies
- Custom Nutritional IV Therapy
- Vitamin and Mineral IV Therapy
- High-Dose Vitamin C and other antioxidant IV therapies
- Nicotinamide Adenine Dinucleotide (NAD) IV Therapy
- NAD Subcutaneous Therapy
- Phosphatidylcholine IV Therapy
- Fiber-Optic Ultraviolet and Infrared IV Laser Therapy
- Medical-Grade Hydrogen Therapy

Purification, Biological Terrain & Restorative Therapies

- Colon Hydrotherapy
- Fecal Microbiota Transplantation
- HOCATT™ Ozone and Carbonic Acid Sauna Therapy
- Whole-Body Hyperthermia
- Oxygen Therapy
- Far-Infrared Therapy
- Photon Light Therapy
- Pulsed Electromagnetic Field (PEMF) Therapy
- Microcurrent Therapy
- Cold and Low-Level Laser Therapies
- Deep-Tissue Laser Therapy
- IV Laser Therapy
- Electrotherapy
- Biometric Medicine
- Hyperbaric Therapy
- Other biological purification and restoration practices

Energy, Frequency & Integrative Practices

- Rife Frequency Therapy
- Rife Frequency / PEMF-Charged Toroidal Field Treatments
- Magnetism and magnetic therapies
- Sound and vibrational therapies
- Bioharmonics VIBE Bed
- Reiki
- Spiritual Massage



- Yoga and movement practices
- Meditation and contemplative practices
- Other energetic, frequency, and integrative modalities

Botanical, Nutritional & Natural Medicine

- Diet and nutritional counseling
- Naturally grown whole foods
- Vitamins and minerals
- Herbs and botanical medicine
- Chinese herbal medicine consultation
- Enzymes and phytonutrients
- Nutritional and antioxidant compounds
- Herbal preparations
- Herbal capsules
- Tinctures
- Teas
- Bulk herbal powders
- Oils and extracts
- Creams, gels, lotions, and salves
- Manufacturing and preparation of herbal therapy products
- Encapsulation and preparation of herbal and nutritional formulations

Sacred & Traditional Plant Practices

The Association may provide access to **Sacred Plant Medicine Ceremonies** and traditional medicinal uses of plants, including traditional medicinal uses of tobacco through smoke, teas, or other traditional preparations.

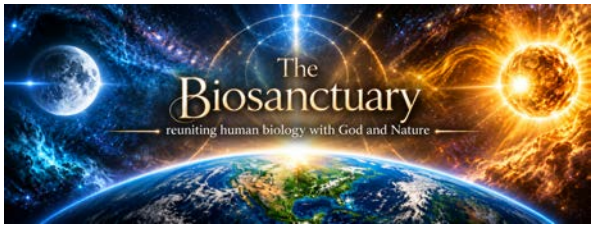
Education, Retreats & Biological-Health Optimization

The Association may provide Biological Medicine and Biological Terrain education; diet and nutritional education and counseling; health-optimization programs; detoxification and purification programs; exercise and other physiotherapies; movement and Nature-based activities; retreat programs; workshops and lectures; educational materials; online Member forums; and opportunities for Members to exchange information, experiences, results, opinions, observations, and outcomes concerning healthcare practices, practitioners, biological restoration, and optimization of human health and well-being.

The Association may provide and share products, information, and services including, but not limited to, naturally grown whole foods, vitamins, minerals, herbs, enzymes, phytonutrients, and other nutritional substances.

The Association may provide and share devices and technologies including, but not limited to, low-power lasers, ozone therapy, IV laser therapy, IV nutritional drips, colon hydrotherapy, electricity, magnetism, sound, radiation, vibrational energy resonance, and other devices and technologies utilized within The Association.

The Association may also provide oils, extracts, creams, gels, lotions, salves, and any and all other kinds of natural foods, devices, substances, educational, informative, or entertaining material that may be used for healthcare purposes, including those which have been neither submitted to the FDA for approval nor approved or denied approval by the FDA, and such information, products, services, substances, and materials may be freely discussed, obtained, exchanged, viewed, and used by Members of The Association.



The Association may provide and share legal and lawful services, procedures, advice, counsel, tips, and any other information or services which may be deemed beneficial to Association Members by The Association founders and freely share, discuss, talk about, obtain, exchange, view, and/or use information and services by Members of The Association while keeping all business within the private domain.

These alternative healthcare services, therapies, technologies, products, educational programs, and practices collectively provide the means through which The BioSanctuary carries out its medical model: removing interference, restoring the Biological Terrain, replenishing what God and Nature provided, and supporting the Divine Intelligence inherent within the human Body.

Member Initials: _____

---

4. MEMBERSHIP RIGHTS & BENEFITS

By consenting to the Membership Agreement provided, Members are granted the following rights and benefits:

- **Right to detailed informed consent about the services rendered and what to expect.**
- Complaints against a The BioSanctuary Medicine Ministries Member must be submitted in writing to The BioSanctuary Medicine Ministries within three months of the incident of complaint. These will be sent to the Person, Committee, or Tribunal designated by The BioSanctuary Medicine Ministries for evaluation and remediation action.
- Upon request, access to The Association's Bylaws.
- Guarantee that all Personal Health Information (PHI) remain in the custody and in the confidential holding of The BioSanctuary Medicine Ministries. With the exception that The BioSanctuary Medicine Ministries holds the right to access or share for research purposes but may be called upon for review by The BioSanctuary Medicine Ministries for any research activity. Personal Health Information of all Members will be held in strict confidentiality and will remain private from any State Medical Board, the FDA, FTC, Medicare, Medicaid, or insurance companies without the previously expressed specific permission granted by the Member.
- Membership with The BioSanctuary Medicine Ministries will remain intact unless the Member submits in writing their desire to withdraw membership or membership is terminated by The Association in accordance with Bylaws.

Member Initials: _____

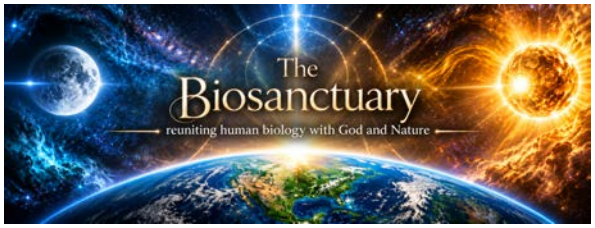
---

5. PREAMBLE

We believe that the First Amendment of the Constitution of the United States of America and the Universal Declaration of Human Rights guarantees our Members the rights of free speech, petition, assembly, and the right to gather together for the lawful purpose of advising and helping one another in asserting our rights under international law, the Federal and State Constitutions, and Statutes.

IT IS HEREBY DECLARED that we are exercising our right of “freedom of association” as guaranteed by the First and Fourteenth Amendments of the U.S. Constitution and equivalent provisions of the various State Constitutions. This means that our Association activities are restricted to the private domain only.

We proclaim the freedom to choose for ourselves the types of products, services, therapies, and self-help modalities that we think best.



We encourage our Members to perform their own research by studying different resources to prevent illness and diseases of our minds and bodies and for achieving and maintaining optimum wellness.

We proclaim and reserve the right to include health options that include, but are not limited to, cutting-edge treatment modalities and therapies practiced or used by any types of healers, therapists, or practitioners the world over, whether traditional or nontraditional, conventional or unconventional.

The alternative healthcare available through The Association is the means through which The BioSanctuary's broader medical mission is put into practice.

Through biological medicine, natural medicine, nutrition, detoxification, purification, energetic and frequency therapies, movement, Nature, education, and other alternative practices, The Association seeks to provide Members with the tools to remove interference within the Biological Terrain and restore the natural conditions that support the inherent Divine Intelligence of the human Body.

Specifically, the mission of The Association is to change existing life and health circumstances through teaching alternative health awareness and providing access to alternative healthcare, biological medicine, information, services, research, treatments, technologies, and practitioners through which Members may improve their physical, mental, emotional, and biological well-being.

The Association's alternative healthcare model therefore serves a clear and unified purpose:

To identify and remove interference; to restore what has been depleted; to purify and restore the Biological Terrain; to return Human Biology to the natural conditions provided by God and Nature; and to support the Divine Intelligence already inherent within the Body and its continual capacity for self-organization.

This is how The BioSanctuary practices High Impact BioLOGICAL Medicine. This is how our alternative healthcare fulfills our mission of Reuniting Human Biology with God and Nature.

The Association will recognize any person, irrespective of age, race, creed, gender, sexual orientation, or religion, who has been approved as a Member and acts in accordance with these principles and policies as a Member, and will provide a medium through which its individual Members may associate for actuating and bringing to fruition the purposes heretofore declared.

Member Initials: _____

---

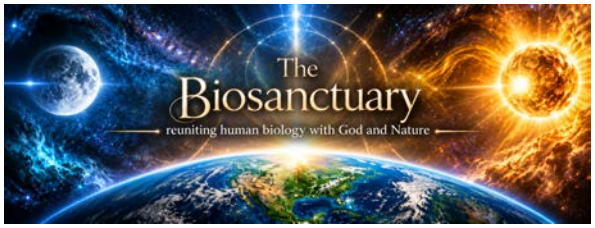
6. MEMORANDUM OF UNDERSTANDING

Member Name: _____

I understand that Members and service providers within The Association are or may not be medical doctors.

Member Acknowledgments

☐ **Member-to-Member Relationship**
I understand that within The Association no doctor-patient relationship exists but only a contract Member-to-Member Association relationship. I have freely chosen to change my legal status as a public patient, customer, or client to a private Member of The Association.



☐ **Private Association and Grievances**
I understand that, since The Association is protected by the First and Fourteenth Amendments to the U.S. Constitution, it is outside the jurisdiction and authority of Federal and State Agencies and Authorities concerning any and all complaints or grievances against The Association, any Trustee(s), Members, or other staff persons. All rights of complaints or grievances will be settled by an Association designee, committee, or tribunal and will be waived by the Member for the benefit of The Association and its Members.

By agreeing to this Membership Form, I agree that I have sought sufficient education to determine that this is the course of action I want to take for myself and my children.

☐ **Membership Records and Privacy**
Because the privacy and security of membership records maintained within The Association, which are held to be inviolate by the U.S. Supreme Court, the undersigned Member waives HIPAA privacy rights and complaint process. However, any medical or healthcare records kept by Members of The Association will be strictly protected and only released upon written request of myself as Member.

☐ **Violation of Waivers**
I agree that violation of any waivers in this membership contract will result in a no-contest legal proceeding against me.

☐ **Medical Insurance**
The Association does not participate in any medical insurance plans or collections on behalf of the Member but will provide a suitable invoice for the Member to pursue reimbursement by their insurance company, if applicable.

☐ **Informed Consent**
Other aspects of informed consent will take place in my discussions with the providers and my fellow Members of The Association.

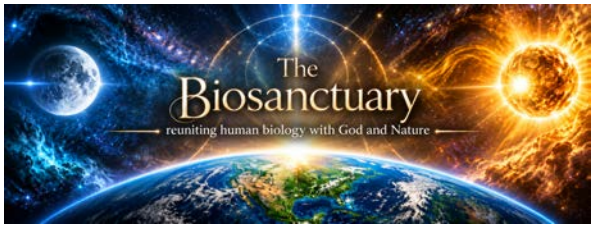
☐ **Voluntary Choice and Outcome**
As I am voluntarily choosing this method of natural healthcare, wellness, and disease prevention, I will not hold The Association or its Members financially liable for any particular outcome regarding my health.

☐ **The BioSanctuary Medical Model**
I understand that the alternative and biological healthcare available to me through The Association is intended to fulfill The BioSanctuary's medical mission by removing interference, restoring the Biological Terrain, replenishing what God and Nature provided, and supporting the Divine Intelligence inherent within my Body.

☐ **Individual Treatment Consent**
I understand that participation in one treatment, therapy, service, program, or activity does not constitute consent to every treatment, therapy, service, program, or activity available through The Association.

☐ **Individual Choice**
I understand that I determine which treatments, therapies, substances, practitioners, programs, and practices I choose to accept or refuse.

☐ **Additional Care**
I agree to discuss my concerns with Association Members and to seek appropriate medical treatment, homeopathic treatment, biological medicine, natural medicine, or other assistance should the need arise.



7. MEMBER AGREEMENT

I agree to join **The BioSanctuary, a Private Membership Association under common law**, whose Members seek to help one another achieve better health and quality of life.

I understand that The BioSanctuary fulfills this purpose through alternative healthcare and **High Impact BioLOGICAL Medicine** designed to support its foundational mission:

Reuniting Human Biology with God and Nature

My activities within The Association are a private matter that I refuse to share with the State Medical Board, the FDA, FTC, Medicare, Medicaid, or my own insurance company without my expressed specific permission.

All records and documents remain as property of The Association, even if I receive a copy of them.

I fully agree not to pursue any course of legal action against a fellow Member of The Association unless that Member has exposed me to a clear and present danger of substantive evil and upon the recommendation and approval of The Association.

I enter into this Agreement of my own free will without any pressure or promise of cure or disease prevention.

I affirm that I do not represent any Local, State, or Federal agency whose purpose is to regulate and approve products or to carry out any mission of enforcement, entrapment, or investigation.

I have read and understood this document, and my questions have been answered fully to my satisfaction.

I understand that I can withdraw from this Agreement and terminate my membership in this Association at any time and that my membership can and will be revoked if I engage in abusive, violent, menacing, destructive, or harassing behavior toward any other Member of The Association.

These pages consist of the entire Agreement for my membership in The Association.

Payment of any dues, fees, or program costs, if applicable, and delivery of these signed documents to an Association representative is considered sufficient for my one-time membership contract.

The term begins with the date of submission of this contract.

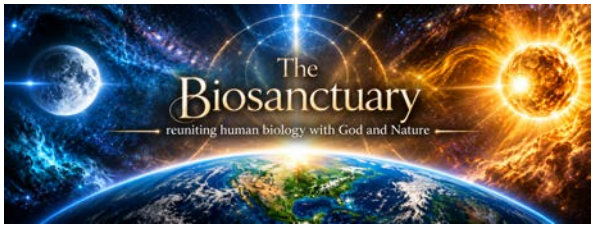
---

8. MEMBER INFORMATION & SIGNATURE

Full Legal Name:

Address:

City: _____



State: _____ ZIP Code: _____

Phone Number:

E-mail:

Member Acceptance

I acknowledge that I have read and understood this Membership Agreement / Waiver and voluntarily agree to its terms.

Member Signature:

Date: _____

Association Representative:

Signature:

Date: _____

Health History Questionnaire

A Health History Questionnaire may be attached to this Membership Intake Document.