

BrainTap Intake and Consent Form

What is BrainTap?

Think Better - BrainTap gives you the gift of a present mind. Instead of feeling overwhelmed and distressed, you feel energized, focused, and confident.

Sleep Better - Retrain your brain to relax into your body's natural sleep pattern and awaken rested, revitalized, and renewed.

Perform Better - As your brain develops a heightened sense of clarity and your energy returns to full form, your performance accelerates naturally.

By adding the dimension of the headset's light frequencies, you can reach the most advantageous brain states possible without years of disciplined practice. This service helps to reduce stress, worry, and irritability while promoting emotional stability and mental harmony. The BrainTap system uses the BrainTap Headset to deliver a full suite of sessions that range across desired life outcomes and tap into different neural pathways in your brain.

What is the technology used in the BrainTap headset?

Light Frequencies - light pulses train the brain to produce a healthy balance of brain wave activity, transforming the listener into a mental powerhouse with the right mindset to accomplish just about any goal.

Binaural Beats and Isochronic Tones - Embedded tones emulate relaxed brain waves, guiding the brain to an extraordinary state of relaxation.

Auriculotherapy - Trigger points in the ears, called meridians, are known to directly affect the body's organs and systems. These are typically activated using acupuncture needles, but light frequencies are known to have the same effect. The MindFit earphones are uniquely equipped with nine LED lights set at the optimum frequency for providing a sublime feeling of serenity and balance—all without needles!

Audio Library - Patrick K. Porter, PhD, created guided visualization audio-sessions to help you become the designer of your own life. With a selection of more than 700 titles—all encoded to work with the BrainTap—you'll know how to focus on everything you want out of life so you can have it effortlessly!

10-Cycle Holographic Music - The music on the Audio Library audio-recordings is designed to create a full 360-degree experience that delights the mind with calming thoughts and images.

Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Pronouns: _____ Referred by: _____

Emergency Contact: _____ Relationship: _____ Emer. Contact Phone #: _____

Occupation: _____

How do you use your body at work? Standing Sitting Computer Use Heavy Objects

Are you wearing contact lenses? _____ Do you exercise regularly? _____

Are you allergic/sensitive to any foods, oils, lotions, candles, or scents? _____

Have you recently had surgery, a severe illness, or an accident? Yes No If yes, when did it occur? _____

Are you currently under the care of a healthcare provider for an injury or on-going illness? Yes No

Please explain: _____

Are you currently taking any medications? Yes No Please list: _____

Precautions: Are you currently suffering from, or have you ever been diagnosed with, any of the following?

- | | | |
|---|--|--|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> Other Seizures | <input type="checkbox"/> Brain Tumors | |
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Cerebral Aneurysm | |

Which BrainTap Pathway interests you most today?

- | | | |
|---|---|--|
| <input type="checkbox"/> Stress/Anxiety Reduction | <input type="checkbox"/> Better Sleep | <input type="checkbox"/> Life Mastery |
| | <input type="checkbox"/> Creativity Booster | <input type="checkbox"/> Weight Wellness |
| | | <input type="checkbox"/> Optimal Health |

Age Restrictions: None. Generally safe for all ages.

Initial on each line after reading the statement to confirm your understanding and receipt.

_____ I understand that participating in a BrainTap session involves the use of flashing lights and specific frequencies of sound through headphones.

_____ I acknowledge that I have been informed of the potential risks and benefits of using BrainTap and have had the opportunity to ask any questions about the technology.

_____ I understand that the purpose of the BrainTap session is to help relaxation, focus, and potentially improve sleep. I also understand that BrainTap is not a substitute for medical treatment and is not intended to diagnose or treat any medical condition.

_____ I agree to follow the instructions of the facilitator during the BrainTap session and to let them know if I experience any discomfort or adverse effects. I also understand that I may choose to stop the session at any time.

_____ I confirm that I am not under the influence of any drugs or alcohol and that I am not experiencing any acute mental or physical health issues that may be exacerbated by the use of BrainTap.

_____ I hereby give my consent to participate in a BrainTap session and acknowledge that I have read and understand this consent form.

Waiver of Liability and Hold Harmless Agreement;

1. In consideration for using the services, therapy, and machines (hereinafter referred to as "Treatment"), I hereby release, waive, discharge, and hold harmless Proactive Massage + Bodywork, LLC, its officers, servants, agents, employees, and volunteers (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by any person, while using the equipment, or due to the use of the Treatment.

2. I hereby confirm that no warranty, guarantee, or other assurance has been made to me covering the results of the Treatment, and I hereby relieve them and hold them harmless from all liabilities for injury or damage that may occur to me. I fully understand the administration of the process, including possible adverse reactions, side effects, or other possible complications. It is understood that this consent is being given in advance of any administration of the process and is being given by me voluntarily to use the Treatment.

3. I am fully aware of the risks and hazards connected with the use of the treatment, including the risk of physical injury or disability as the result of such injury, and I am voluntarily participating in said Treatment usage and entering the above-named premises to engage in such usage. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury that may be sustained, or for any loss or damage to property as a result of being engaged in such an activity. I further hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs that may incur due to my use of the Treatment. I understand that the Proactive Massage + Bodywork, LLC therapists are not qualified to diagnose or perform medical procedures, and nothing said during the Treatment session should be construed as such.

4. Prior to using the Treatment, I affirm that I have stated all my known medical conditions and answered all questions honestly. I further agree to update Proactive Massage + Bodywork, LLC, as to any changes in my medical profile that may impact or limit my ability to utilize the Treatment and agree to defend and indemnify Proactive Massage + Bodywork, LLC and the above-named releases for failure to do so.

My Signature Below Constitutes My Acknowledgment That;

(1) I have read, understood, and fully agreed to the foregoing consent; (2) the proposed Treatment process has been satisfactorily explained to me, and I have all the information I desire; and (3) I hereby give my authorization and consent. This consent shall stand as long as I use the Treatment at the location now and in the future. I have read the instructions for proper use of the facilities and do so at my own risk. I hereby release the owners, operators, franchisers, or manufacturers from any damage or harm that I might incur due to the use of the Treatments or facilities.

In signing this release, I acknowledge and represent that I have read and understand the foregoing Waiver of Liability and Hold Harmless Agreements, that I am at least eighteen (18) years of age and fully competent, and that I execute this release for full, adequate, and complete consideration, fully intending to be bound by the same.

Furthermore, I agree that I will comply with all instructions on the use of the Treatment and that I am using these services at my own risk. I agree to use all sessions within the terms of the contract dates and understand that refunds are not given on unused portions of purchased packages.

_____	_____	_____
Client's Name (Please Print)	Client's Signature	Date

Parental Consent Form For Minors Under The Age of 18;

If the client is under 18 years of age, parental consent is required. Please complete the form below for the consent of a minor;

I, _____(name of parent or legal guardian), acknowledge that I have read and understand the Proactive Massage + Bodywork, LLC Waiver of Liability and Hold Harmless Agreements, as well as the contraindications and waiver of risk. My son or daughter, _____(name of the minor), has also read the Waiver of Liability and Hold Harmless Agreements and agreed to the contraindications and waiver of risk. I give consent on behalf of my minor to voluntarily undergo Treatment.

_____	_____	_____
Parent/Guardian Name (Please Print)	Parent/Guardian Signature	Date

_____	_____	_____
Minor's Name (Please Print)	Minor's Signature	Date