



DEMONSTRATION DISCLOSURE FORM

Name: _____

Address: _____

City: _____ State: _____ ZIP _____

Email: _____ Phone: _____

Thank you for your interest in AmpCoil, a wellness device from Health Evolution Technology, Inc. (HET). The AmpCoil includes all of its software and other components which make up the AmpCoil System. The AmpCoil System generates a non-invasive pulsed electromagnetic field which emits a series of pulsing electromagnetic frequencies (PEMF).

Please tell us how you heard about AmpCoil (check all applicable):

- Friend Search engine (Google, Bing, Yahoo) Wellness or lifestyle event YouTube or television
 Radio or podcast Newspaper or magazine Facebook or online ad Other social media (Twitter, Instagram)
 Other: _____

Before your Demonstration please read and acknowledge each of the following statements:

- I am over the age of 18.
- I am under the age of 18 – my parent or legal guardian is filling out and signing this form on my behalf.
- I am not pregnant or nursing.
- I do not have a pacemaker, magnetic chip implant, including an insulin regulator, or any other electronic implanted device, implanted stimulator or battery operated electronic implant.
- I do not suffer from, or have been diagnosed with, Epilepsy or any other seizure-related disorder.
- I agree that if I have any metal implants, screws, plates, joints, metal IUD, or other metal in my body that may be affected by a strong electromagnetic field I will not place the coil directly on those areas.
- I agree that if I have multiple amalgam fillings that I will not place the coil directly on my head area.
- I agree that if I have body staples, such as gastric bypass, I will not place the coil directly over the staples and that I use the AmpCoil System at my own risk.
- All electronic devices (including cell phones) metal, watches, magnetic jewelry, credit cards, hearing aids, keyless entry and other electrically sensitive materials should be placed four feet away from the active coil.

The AmpCoil System is not a replacement for any medical treatment. The AmpCoil System is not intended for use in the diagnosis, treatment, cure, mitigation or prevention of any disease, medical condition, physical or psychological disorder. It should not be considered a replacement for medical advice or treatment. If you have a serious, acute, or chronic health concern, please consult with a health care professional.

WAIVER OF LIABILITY AND RELEASE AGREEMENT

I, _____ wish to participate in the demonstration of the AmpCoil System offered by HET. As a precondition to participating in the Demonstration, I have read the following Release Agreement (the "Agreement") and agree to its terms.

Assumption of Risk. I have been given the chance to ask questions concerning the Demonstration Disclosure Form, and all such questions have been answered to my satisfaction. Having read this form, I am fully aware of the precautions and warnings associated with the AmpCoil System, and hereby elect to voluntarily participate in the Demonstration. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury which may be sustained by me as a result of participating in the Demonstration, unless caused by HET's sole gross negligence.

Liability Release. I release HET from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever arising out of any loss, damage, or injury, including death, that may be sustained by me or to any property belonging to me, arising from the Demonstration or while upon the premises where the Demonstration is being conducted, excepting those claims arising from HET's sole gross negligence.

Indemnification. I agree to indemnify and hold harmless HET from and against any loss, liability, damage or costs, including court costs and attorneys' fees, HET may incur arising from my involvement in the Demonstration, excepting those claims arising from HET's sole gross negligence.

The terms of this Agreement shall be severable, such that if any term is found to be unenforceable, the validity of the remaining portions shall not be affected thereby. In signing this Agreement, I acknowledge I have read both this Release Agreement form and the Demonstration Disclosure Form, understand it, and agree to be bound by its terms. I further acknowledge I sign this Release Agreement voluntarily and I am at least eighteen years of age.

DATE: _____, 2019

SIGNATURE: _____