**Restoration Wellness ZYTO Scan Waiver and Release Form

Client Information:**
- Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_
- Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ZYTO Scan Overview**:
Welcome to Restoration Wellness! We are pleased to offer the ZYTO Scan, an innovative technology designed to assess your body's biological responses. This bio-communication tool uses a handheld device to measure the subtle electrical signals produced by your body. The ZYTO Scan can help identify imbalances and provide insights into your health and wellness needs, allowing for a more personalized approach to your wellness journey.

**Important Pre-Appointment Instructions:**To ensure the most accurate results during your ZYTO Scan, please refrain from wearing any jewelry or perfume to your appointment. Additionally, it is essential to arrive well-hydrated and well-rested. This will help optimize the scan's effectiveness and provide you with the best possible insights into your wellness.

**Waiver and Release:**By signing this waiver, I acknowledge and agree to the following:

- My participation in the ZYTO Scan is voluntary, and I understand that I can discontinue the scan at any time if I feel uncomfortable.

- I have disclosed all relevant health information to the practitioner, including any medical conditions, medications, or allergies that may affect my participation in this assessment.

- I understand that the ZYTO Scan is not intended to diagnose, treat, cure, or prevent any medical conditions. It is not a substitute for medical care or treatment.

- I have been informed about the nature of the ZYTO Scan and the procedures involved, and I have had the opportunity to ask questions regarding the assessment.

- I acknowledge that while the ZYTO Scan is generally considered safe, individual results may vary, and I assume all risks associated with the assessment.

- I hereby release and hold harmless Restoration Wellness, its practitioners, employees, and agents from any claims, liabilities, damages, or expenses arising from my participation in the ZYTO Scan, including any injuries or adverse effects that may result.

- I understand that my personal health information will be kept confidential and will only be disclosed with my consent or as required by law.

- By signing below, I confirm that I have read and understood this waiver and release form in its entirety and that I agree to the terms and conditions outlined herein.

**Client Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for choosing Restoration Wellness for your ZYTO Scan. We look forward to assisting you on your path to improved health and wellness!