



Patient Declaration

You will be asked to sign and send in this declaration before paying any fees.

I do hereby declare that I have read and understood the following:

Treatment offered with Vidamas therapy is not a cure for cancer. But when successful will serve to reduce the level of active cancerous cells in my body. The objective of the Therapy is to so reduce the level of cancerous cells in my body that my immune system will once again be able to deal with the remaining level of cancerous cells.

The Vidamas Therapy cannot repair damage done to my body by cancer or by other treatments that have been previously applied.

Reducing the levels of cancerous cells in my body will not guarantee survival or freedom from cancer. To optimize survival, it will be necessary that I undertake a good detoxification program and do all that I can to enhance my immune system. This is my responsibility.

I am not pregnant, and I have been advised that taking the Vidamas Therapy might be deleterious for an unborn child. I do not have an implanted cardiac pacemaker or other device and I have been informed that the Therapy at the Clinic could cause catastrophic failure of such a device.

During the first day at the Clinic, I will have a medical examination. In the event that I do not pass that medical examination I will not be admitted for treatment and any fees paid by me will be refunded in full.

I will be discharged without a refund and will be barred from return to the Clinic, at the sole discretion of the medical staff of the Clinic in the event that I am discovered to have

concealed from the medical staff any significant, concurrent or prior course of treatment or medical condition

At any point in the course of treatment, the medical staff of the Clinic may advise me that further treatment would not be likely to produce any additional improvement in my condition. I may then be discharged with a pro rata refund of fees paid.

I may be discharged from the Clinic before an observed tumor is completely eradicated or reduced in size, before the tumor markers are reduced to normal ranges or before blood analyses are completely normal. In some cases, these indicators may take some considerable time to become complete and in some cases will never be complete. Even so the Therapy will be deemed concluded and the fees paid will not be refunded.

In the event that I terminate the Therapy at the Clinic voluntarily or involuntarily the fees paid will not be refunded subject to the sole and absolute discretion of the Clinic

This document is the defining document of the relationship between me and the provider of the Vidamas Therapy. Where there is any conflict between this Patient Declaration and any other written or verbal information otherwise given to me by the provider of the Therapy or by any agent, employee or contractor of that provider, this Patient Declaration shall prevail. Further, this Patient Declaration embodies the entire agreement between me and the treatment provider and nothing further may be implied or considered as understood.

I have been advised that the Vidamas Therapy and the Vidamas device have not been approved by the United States Food & Drug Administration although they are approved in the European Community and carry the CE mark.

For the fee paid of €15,000 in Europe and US\$15,000 elsewhere for a course of treatment I will probably receive not less than 15 hours treatment. All markers or similar tests ordered by the medical staff of the Clinic will be provided without additional charge to me. Each treatment session of Vidamas therapy will have a duration of approximately 3 hours using a low gauss, pulsed magnetic field.

Vidamas clinics Ltd and the clinic of my choice have made it very clear to me that the clinic is only offering the described treatments and cannot offer treatment beyond that scope. In the event that I should require additional treatment or hospitalization during my trip to the clinic, obtaining and paying for such treatment or return to my

home, is entirely my responsibility and I will be responsible for any costs incurred thereby. Vidamas clinics Ltd and the clinic of my choice will not have any responsibility for such costs.

Regardless of the jurisdiction, in which this Patient Declaration is signed by me, it shall be deemed to have been signed by me in the jurisdiction of the Clinic at which the Therapy will be provided to me. Any dispute arising from, out of or as a consequence of this Patient Declaration or the therapy given by a Vidamas Clinic shall be subject to the laws of that jurisdiction and this agreement shall be interpreted and enforced in accordance with the laws of that jurisdiction.

This Patient Declaration was given to me, read by me and signed by me with ample time to consult with third parties and before any payment of fees was required from me for this therapy.

Patient Name (print): _____ Tel. No.: (____)____-_____

Patient Signature: _____ Date: _____