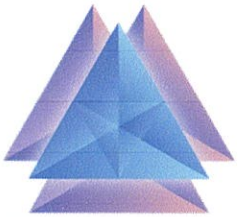

Sound Health Research Clinical Application

After you complete and submit your application online, our Clinical Coordinator will get in touch with you via email with instructions for your Vocal Prints.
There is also a $300 charge for your Vocal Analysis that must be paid in U.S. Currency before your name will be put on the waitlist.

If it is determined that you will need a Tone Box after your free Consultation, that will be an additional charge of $450 paid in U.S. Currency (includes Headset).

Remember: Sound Health clinics are for data-collecting purposes. Each case will be reviewed by a Committee. There is a waiting list to be seen so please be patient! The average waiting period is 4-8 weeks.

Name of Client *

First Name | Last Name

Authorized Representative (Parent or Guardian) *

First Name | Last Name

Address *

Address Line 1

City | State/Province | ZIP / Postal

Email *

Home Phone (if available)

Cell Phone *

Date of Birth *

Best Time to Call (Include Time Zone) *

Under the Care of: (Physician) *

cific: where, how often, possible triggers). PLEASE DO NOT LIST MORE THAN 3 ISSUES *

Please list all medications, supplements, vitamins and herbs you are currently taking. *

Check all that you are allergic to: *

- [ ] Mold
- [ ] Peanuts
- [ ] Wheat
- [ ] Formaldehyde
- [ ] Cosmetics
- [ ] Perfumes
- [ ] Glue
- [ ] Paint
- [ ] Animal dander
- [ ] Cleaners
- [ ] Detergents
- [ ] Gas
- [ ] Pollen
- [ ] Trees
- [ ] Grass

- [ ] Dairy
- [ ] Dye
- [ ] No Allergies
- [ ] Other

If you clicked "other" in the previous question, please list your other allergies

Are you a vegetarian? *

- [ ] Yes
- [ ] No

Do you have any muscles that are giving you trouble? *

- [ ] Yes
- [ ] No

If you said yes above, which muscles are troubling you? How often?

Where are you having pain (be specific). How often? *

What is your favorite color? *

Blood Type *

Please check if you are planning to be pregnant or if there a possibility that you could be pregnant *

- [ ] Yes, I am planning to be or could be pregnant
- [ ] No, I am not pregnant

Please list the vaccinations you have received and approximately when you received them *

On a Scale of 1 to 5, how vocal are you? *

1 Uncommunicative

Do you have a history of seizures? *

- [ ] Yes
- [ ] No

Do you smoke? *

- [ ] Yes
- [ ] No

If you smoke, how many packs a day do you smoke?

Less than 1 pack

Do you drink? *

- [ ] Yes
- [ ] No

If you drink, how often do you consume alcohol?

Do you use recreational drugs? *

- [ ] Yes
- [ ] No

If yes, how many times a week do you use them?

Do you have cravings? *

☐ Yes

☐ No

If so, what cravings do you have? What time of day?

How did you hear about Sound Health? *

By checking this box, you agree to submit payment of $300 via credit card or PayPal in U.S. Currency. *

☐ I understand

I understand that, if it is determined that I will need a Tone Box, it will be an additional charge of $450 Paid in U. S. Currency (includes Headset).

☐ I understand

I understand that there will be no refunds after the work is completed by Sharry Edwards. *

☐ I understand

I understand that Sharry Edwards has the right to refuse service for any reason. *

☐ I understand

By checking this box, you agree to pay in full on the day you receive service. *

☐ I understand

I agree to purchase one of the recommended microphones on the Sound Health Options webpage. I understand that Sound Health is not responsible for providing me with a microphone. *

☐ I understand

ıl protocol that t may occur. I also understand that this is an ongoing process that may not produce the results I want. *

☐ I understand

By checking this box, you understand a vocal assessment is to provide you with a management report to be given to your wellness provider. Sharry Edwards will not assume any liability for your continued health. *

☐ I understand

It is appropriate to use your native language. We only need to hear the sounds, not the words.

I understand that a follow-up consultation with Sharry is only to be 15 minutes. If I wish to have more time, I understand I will pay extra.

☐ I understand

RESEARCH SUBJECT-CLIENT

RESEARCH AND CONFIDENTIALITY AGREEMENT

I hereby acknowledge that I am engaging in independent research involving technologies supplied by Sound Health Alternatives International, Inc.

I hereby understand that these techniques are not medical treatments and are not presented, either expressly or implied, as medical treatments. I understand that these processes and

equipment are experimental and the use of same does not guarantee any specific experimental result.

I acknowledge that any frequencies disclosed to me by Sharry Edwards are strictly confidential and are protected by trade secret laws of the State of Ohio and the United States, and are not to be disclosed to any person under penalty of law. I further acknowledge that the process of Signature Sound Assessment©, and its principles and tenets, are protected by copyright, trademark and intellectual property laws of Ohio, the laws of United States, and various international treaties, and are the exclusive property of Sharry Edwards and Sound Health Alternatives International, Inc.

I understand that Sharry Edwards is not a licensed physician and is not holding herself out as a licensed physician nor as one practicing medicine.

I hereby agree that if I use the equipment supplied by Sharry Edwards or Sound Health Alternatives International, Inc., or if I practice Signature Sound Assessment© or any Signature Sound Techniques and Technology©, that I am acting independently and I am not acting as an agent or representative of Sharry Edwards or Sound Health Alternatives International, Inc.

I agree to hold Sharry Edwards and Sound Health Alternatives International, Inc. harmless against any claims made as a result of my use of Sharry Edwards' or any Sound Health Alternatives International, Inc. technique, material or property, and agree that they shall not be held liable for any of my actions or the actions of my agents.

I further understand that I am not entitled to teach this technique or technology unless or until I have completed an Instructor Training course with Sound Health Alternatives International, Inc. I acknowledge that should I teach any information obtained from Sharry Edwards or Sound Health Alternatives International, Inc., such teaching would be a breach of this agreement and would be in violation of various contract laws, copyright laws, patent laws, intellectual property rights laws, and various other laws of the State of Ohio and the United States of America, and that legal action could, and likely would, be taken against me as a result.

I have read and fully understand the Research and Confidentiality agreement. *

☐ I understand

Subject-Client Equipment Waiver

I hereby waive all rights to any cause of action against Sharry Edwards or Sound Health Alternatives International, Inc., as related to any information received, any techniques taught, or any equipment supplied by Sharry Edwards or Sound Health Alternatives International, Inc.

I agree that neither I, nor any agent representing me, will make any attempt to duplicate or modify any of the equipment supplied to me.

I will be willing to share my research experiences using Signature Sound Techniques & Technologies© with Sound Health Alternatives International, Inc. and Sharry Edwards as requested.

I hereby give to Sound Health Alternatives, Inc., its legal representatives and assigns the unrestricted and irrevocable right and permission to use, re-use, publish, and republish

ay be included Health Alternatives, Inc., without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media nor or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.

I hereby acknowledge that I am signing this agreement voluntarily and of my own free will and that I understand it fully.

I have read and fully understand the Subject-Client Equipment Waiver *

☐ I understand

By signing below, I acknowledge that the information supplied herein is true and to the best of my knowledge.

Signature of Client / Guardian *

Use your mouse or finger to draw your signature above

[clear]

Submit Form