

CONSENT FORM

NeurOptimal® Neurofeedback Training System & Neurofeedback Training Company LLC DBA "Neurofeedback Training Co."

I hereby apply for NeurOptimal® Neurofeedback Training System with Neurofeedback Training Co.

___ **I understand that the neurofeedback training sessions, and the NeurOptimal® Home Rental Training System (NHRTS) rented from Neurofeedback Training Co. is not used to diagnose or treat any psychological or medical conditions. Neurofeedback Training is offered for personal growth and optimal function and performance.** NeurOptimal® gives feedback about the individual brain's unique, comprehensive and non-linear electrical patterning so each person's path to benefit and results will vary. Some people notice shifts shortly after beginning, while for others the changes are slow and steady. It is possible to perceive little or no effect, though this is very rare. Progress rarely follows a straightforward path, but rather increases and diminishes, sometimes with greater awareness of emotions. Best practices for tracking changes are to fill out a self-reporting Checklist every 8-10 sessions.

___ **I understand** that it is a completely non-invasive brain training system however, as your system is shifting it is possible to experience unwanted effects during or hours after the training, such as sleepiness, fatigue or irritability. These experiences are usually related to instabilities already present in the brain and are often connected to reasons for embarking on the training initially. A small percentage of clients find their training experience oscillating between extremely pleasant and extremely unpleasant. I understand that it is my responsibility to bring up any concerns, so that the trainer and I can decide whether to continue. For most people's this is merely a stage during the training and is not indicative of the end result. Children and teenagers often notice changes faster and with greater ease than do adults.

___ **I am aware** that NeurOptimal® Neurofeedback Training can be very relaxing and will use good judgment regarding driving immediately after a session. I understand the training does not require me to do anything; rather I can relax and allow my central nervous system to do the work, which is the system's design.

___ **I will take care** of the equipment to keep it in pristine condition and will clean the sensors after each use to avoid corrosion (wash off the conductive water-soluble paste with a wet-wipe or running water and pat them dry).

By signing below I indicate that I understand the above statements and am consenting to NeurOptimal® Neurofeedback Training System and Neurofeedback Training Co..

ENTER THE NAMES BELOW FOR EACH PERSON TRAINING

NOTE: Each adult training has to sign a Consent Form. Additional Consent Form can be found online at www.neurofeedbacktraining.com/support or check email from your Rental Manager

NAME OF PRIMARY RENTER (CLIENT/TRAINEE):

FIRST & LAST NAME

SIGNATURE

DATE

NAME OF ADDITIONAL TRAINEE(S) (in same household):

FIRST & LAST NAME

FIRST & LAST NAME

FIRST & LAST NAME

CHILDREN'S NAMES (of Renter if children are also training):

FIRST & LAST NAME

FIRST & LAST NAME

FIRST & LAST NAME