

THE  

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**LISTENING**  

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PROGRAM®

**CONSENT OF USE FOR ADULTS**

Please read this Consent of Use carefully. A signed, returned consent form will mean that you have agreed to participate in the use of The Listening Program and that you have read and agreed to the contents of this form.

I understand that The Listening Program is for educational purposes only and has not been reviewed by the FDA, and Advanced Brain Technologies, LLC (ABT) makes no medical claims concerning its use. I further understand that there may be no benefit in any way from The Listening Program.

I understand that if there should be any experience of physical and/or behavior discomfort during or possibly resulting from use of The Listening Program. I will not hold ABT, nor its agent, authorized providers, dealers, employees, or associates responsible for the physical and/or behavioral problems.

I understand that The Listening Program is only to be used with the individual named on this form.

I give my consent for \_\_\_\_\_ to participate in  
(Name of Participant)

the use of The Listening Program. I have read, understand, and agree with the information outlined in this consent form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please make a photocopy of the Consent of Use form for your records and send the original to your Authorized Provider of The Listening Program.