



AMARANTH LIFE SCIENCES PHARMACEUTICAL, LLC
ASD CLINICAL TRIAL INFORMED CONSENT FORM

**REQUEST, PRIVATE LICENSE,
INFORMED CONSENT AND RELEASE**

Participant:
Address:

Date:
Phone:

For good and valuable consideration, the undersigned agree and certify:

Informed Consent and Release

1. The undersigned understands that the Principle Investigator (PI) and any organization through which the PI conducts research evaluations is for, charitable, scientific research and educational purposes. **The organization and PI do not diagnose, prescribe for, or treat disease conditions; nor do they claim to prevent, mitigate or cure disease conditions. All participants are assumed to have been correctly diagnosed with Autism Spectrum Disorder (ASD).**

The AMARANTH ASD MEDICAL FOOD CLINICAL TRIAL IS FOR RESEARCH PURPOSES ONLY.

2. The undersigned does hereby give ***Informed Consent*** for the dietary supplement medical food research to be conducted by the PI and others. The organization and PI make no medical claims, nor assume any responsibility for any claims. **In no way do they claim that the nutritional product should or can be used to treat any disease condition. The undersigned has studied the alternatives and personally chose the work that is to be done.**

3. **The organization and PI do not make any representations, promises or guarantees. The recommendations and modalities used are not intended to, and will not, prevent, mitigate, treat or cure any disease condition, including, but not limited to, ASD.** The clinical study is a self-reporting, through regular caregiver reports, of potential benefits as a medical food for the dietary management of a medical condition based on medical evaluation and general scientific principles.

4. The undersigned does hereby accept full responsibility for the use of the product and any placebo, ***releasing, indemnifying and holding the organization and PI harmless*** from all claims arising from participation in these procedures. The undersigned acknowledges that the PI does not diagnose, treat or claim to prevent, mitigate or cure human disease.

5. **The undersigned does hereby give the organization and Practitioners permission to use the information gathered during these procedures, with personal identification removed (anonymous data), for research and educational purposes.**

Dated: _____, 200__.

Signature of Participant or Authorized Caregiver:

Name:

Witness:

Name: