
MetalliCure™

Welcome to MetallCure™ and your Beta Trial Survey. The following information will help determine your eligibility for Beta Site Testing of the MRSA-killing SOMC™ Topical Solution and SOMC™ Micro-Station.

The information required here is just enough to track your case against the results of others in an overall study and final report. Your information will be confidential and will not be sold to anyone for any reason. A certain level of privacy and discretion is required and will be maintained.

In that regard, MetallCure™ still requires a written signature for the Beta Trial Waiver, so it will be necessary to print out two copies of this form, fill them in, sign them both, and send one full copy to the address listed below on the form. Your hardcopy records will not be scanned into any computer, they will be used only to tally anonymous results, so your records cannot be accessed by any network spyware, malware, or Internet server hack.

First Initial: _____ Last Name: _____ Nickname: _____

Town/City: _____ State: _____ Country: _____

Email Address: _____ Zip Code: _____

Please describe your situation using the series of questions below. Be as brief as possible, but you may add extra numbered sheets if necessary. Be sure to staple them to this Survey Cover Sheet and the signed Beta Trial Waiver before mailing them to MetallCure™.

How did you contract MRSA, and about how long ago? _____

Were you ever misdiagnosed? _____ How many times? _____

What Antibiotic(s) were prescribed to you, and how well did each work? _____

Of the Antibiotics prescribed to you, how many were oral pills and how many were topical in nature, applied externally to the skin? _____

Are you still taking Antibiotics internally? If not, what else helps you with your MRSA symptoms? _____

What side effects do your Antibiotic(s) have? _____

How do you cope with your side effects, and what are the extra, hidden costs of these side effects? _____

Do your MRSA symptoms occur in the same place(s), or do they show up in different places in different forms?

What is your typical time frame from a MRSA remission to another flare-up? _____

How does having MRSA affect your personal relationship(s)? _____

Do you suffer from a social stigma if your friends know you have MRSA? _____

How much time lost from work and missed social events has MRSA cost you? _____

How many other people do you know who still lingering on with MRSA and Antibiotics?

Can you attribute a MRSA flare-up to any particular events, places, timing, foods, stressors, sunscreen & other skin care products, household chemicals, or other common, repeated aspects in your Life? _____

What other alternative methods for combating MRSA have you heard of, or researched?

How many alternative methods have you tried, and how effective is each one? _____

How much do you know about "Everything about MRSA" and how willing or likely are you to teach others, run a seminar, host a blog, or make educational movies? _____

How good are you at small office administrative assisting, and e-commuting? _____

When joining a new group, what aspect(s) do you have/bring that you know will always be useful? _____

How much free time would you have to volunteer? _____

How much equity time would you have to invest? _____

How much do you know about launching a Start-Up? _____

How much would you invest in a Start-Up that could save your life? _____

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Comprehensive Waiver and Release of Liability Statement

This Waiver is for releasing all liabilities for this voluntary clinical trial of SOMC™ Antimicrobial Solutions and the SOMC™ Micro-Station Machine that produces them.

I, _____ (print name), the undersigned hereby declare that I have written proof of my identity which can be submitted upon request, and that I am not falsely representing, standing in for, or a proxy for anyone but myself.

I declare that I am of legal age and sound mind for consent and I agree voluntarily to this Beta Trial without the need for guardianship, or parental consent.

I understand that SOMC's™ are **not** to be construed as any type of medication or oral antibiotic, nor should they be considered as a replacement for conventional medicines. I understand that SOMC's™ are intended for external **Topical Use Only**, and that any other internal use may be injurious to my health and well being. I understand I have the option of consulting with my Doctor(s) about this and any other alternative approaches I may find interesting in directing my own health and quality-of-life decisions.

I agree to read and follow the entire MetalliCure™ suggested protocols, instructions, advice, guidelines, and safety rules. I agree **not** to use this public space for malicious purposes or inflicting harm on another person or entity.

I agree to keep a running, daily record of my progress with whatever convenient means I have available, including journals, photos, videos, emails to family and friends, emails to MetalliCure, blogs, and/or social media postings. While a strict schedule not always possible, I will notify MetalliCure and note in my log about times and dates of any unintended interruptions during the Beta Trial, and while I understand the cause of the interruption(s) may not be of concern, I also understand that any intermittent breaks or inconsistencies while trying to follow a daily protocol should be tracked for more accurate reporting.

I agree to lead a healthy(er) lifestyle during the Beta Trial by reducing my intake of plain sugars, alcohol, and gluten. *(While this is not a gluten study, gluten has been known to cause massive*

skin disruptions without having any infections. This is important factor to consider for skin health during these Beta Trials.)

I agree **not** to tamper with any safety features, or disassemble, pry open, or otherwise reverse engineer any aspect of the SOMC™ Micro-Station. I understand that disassembling any portion of the unit could expose me to high voltage circuitry, leading to instant electrocution, and possible unintended death. I also agree **not** to hold MetalliCure™, its employs, representatives, staff, contract suppliers, or Greg Bender liable for any injury, shock, or unintended death due in part to tampering with, disconnecting, or disabling any of the safety features, or due in part by disassembling, prying open, or otherwise reverse engineering any aspect of the SOMC™ Micro-Station.

I agree to stop using the SOMC™ Solution immediately if my condition(s) or pain gets noticeably worse and to contact MetalliCure™ and my Doctor as soon as possible about my situation.

I and my associates and my Doctor(s) all agree **not** to hold MetalliCure™, its employs, representatives, staff, contract suppliers, or Greg Bender liable for any pre-existing condition(s), compounding medical issues, misdiagnosis, adverse reactions, complications with existing prescriptions, worsening conditions, unintended death, misuse of the solution(s), mishandling, disassembling, reverse engineering the equipment, canceled insurance policies, misleading information on qualifying surveys, and/or any other attempts at fraud, copycatting, or the purchase of false, misleading products not endorsed by MetalliCure™.

Upon threat of perjury I declare the above to be true to the best of my knowledge. I understand that any misleading statements or information will disqualify me, and my associates, from the potentially life-saving SOMC™ Beta Trials, and that I, and my associates, will not be receiving a SOMC™ Micro-Station at any time in the future.

Signed: _____ Dated: _____

Mail To:

MetalliCure™
c/o G. Bender
P.O. Box 298
Ione, CA, 95640

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SOMC™