

Name: _____

PEMF

By using the Pulsed Electro-Magnetic Fields (PEMF) Cellular exercise system, you confirm that you agree to the standards below. The PEMF system that we use is designed for the purpose of cellular exercise to promote and support overall wellness and the body's natural abilities. All uses of the PEMF system will be for these purposes.

If you are unsure whether PEMF cellular exercise is right for you, you agree to consult with your licensed healthcare provider to discuss.

Check the box to indicate contraindications you currently have:

- Pregnancy
- Organ transplant recipient
- Implanted electronic device such as a pacemaker, defibrillator, cochlear hearing device, spinal stimulator, etc.
- Actively bleeding or hemorrhaging (menstruation is fine)
- Injuries or concerns of injuries that have not been evaluated by a licensed healthcare provider
- Known blood clots (can proceed with medical provider prescription)

Before beginning your PEMF session:

- Remove metal, electronic and battery operated devices, keys, wallets, credit cards, jewelry and hearing aids
- Metal implants may be sensitive to electro-magnetic stimulation and you may need to pulse at lower strengths.
- Let us know of any changes with contraindications

During your PEMF session:

- Stop session and consult a licensed healthcare provider if you begin to experience nausea, headache, fatigue, muscle soreness, increased menstrual flow or other concerning symptoms.

My signature below signifies that I have read and understand what is written above.

Client/Guardian Signature: _____ Date: _____

Client/Guardian (printed): _____

Client Name if Minor: _____