MINOR RELEASE FOR MAGNAWAVE SESSION

Date _____

Minor's Name _____ Gender _____

Address _____

City _____ State _____ Zip Code _____

In order for your minor to participate in a MagnaWave session, we need your consent and involvement in helping your minor have a safe session. Please carefully read and sign this parental consent form.

- Minor is not pregnant
- Minor does not have a pacemaker or other battery operated implanted stimulator
- Minor does not suffer from active bleeding
- Minor has not had an organ transplant
- Minor does not have any chains on them (jewelry is OK)
- Minor does not have car keys, credit card, cell phone or watch on them
  - Minor and Parental Guardian agree to be fully responsible for any damages if they forget this
- Parental Guardian knows that the minor using a magnetic pulse generator that is not approved by the FDA to treat or cure any disease or condition
- Minor and Parental Guardian understand that this is an experimental device

No one has made any representations or claims to me of any treatment or cure of any disease or condition; or any promise of any specific or general results of any kind.

We release from all general, medical and any other liability or claims of any kind; and, we indemnify and hold harmless the MagnaWave magnetic pulse generator, the manufacturer, distributor, dealer and any of their employees or agents from any claim arising from or related to the use of the magnetic pulse generator.

Parental Guardian's Name _____

Relationship to Minor _____

Phone Number _____ Email _____

Minor's Signature _____

Parental Guardian's Signature _____

MAGNAWAVE

Wave on to Better Health