



PULSED ELECTROMAGNETIC FIELD (PEMF) CONSENT FORM

Name _____ DOB _____ Date _____

Address _____

Phone _____ E-Mail _____

How did you hear about us? _____

Are you currently under medical care for any reasons? If yes, please explain:

By using and/or purchasing the Pulsed Electromagnetic Field (PEMF) Cellular Exercise system (the “System”) from Pulse PEMF, as the case may be (“PULSE”), the undersigned confirms that he or she meets the standards set forth below and agrees to the terms set forth below and the Standard Terms and Conditions on the reverse side of this sheet.

This acceptance includes an obligation to arbitrate all claims and disputes as provided herein, including any claims for injury, and a submission to jurisdiction as set forth herein. This is a binding legal obligation.

The system is designed for the purpose of cellular exercise to promote and support a sense of well-being. All uses of the System will be only to serve those purposes.

Do not use if:

- User has an implanted electronic device including a pacemaker, defibrillator, cochlear hearing device, spinal stimulator, etc.
- User is pregnant
- User is actively bleeding or hemorrhaging
- Human or Animal User have injuries or concerns of injuries that have not yet been evaluated by a licensed healthcare provider or Veterinarian
- Animal User has colic (consult a practicing veterinarian to decide whether it is appropriate to proceed)

If you are unsure whether pulsed electromagnetic field cellular exercise is right for you, consult your licensed health care provider(s).

Before beginning a PEMF Exercise Session we recommend the following:

- Remove the following from your person: Electronic or battery-operated devices, keys, wallets, cards with magnetic strips such as credit cards and hotel keys, jewelry, and hearing aids.
- Regarding metal implants, they can be a sensitive area; therefore, we recommend pulsing at a level where you feel comfortable.

During a PEMF Exercise Session:

- If the User experiences natural reactions that include but are not limited to nausea, headache, fatigue, muscle soreness, increase in menstrual flow, or any uncomfortable sensations, we recommend you suspend the session and consult your licensed health care provider(s).
- Animal Users may experience muscle soreness, stiffness, changes in fecal output, hives or skin changes, and mood/behavioral changes, and should seek Veterinary attention accordingly.

Waiver of Liability and hold Harmless Agreement:

1. In consideration for using the PULSED ELECTROMAGNETIC FIELD treatments/machines (Equipment), I hereby release, waive, discharge, and hold harmless Northern Arizona Health Club its officers, servants, agents, suppliers, employees and volunteers (hereinafter referred to as releasees) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, that may be sustained by any person, while using the equipment or due to the use of the equipment.
2. I hereby confirm that no warranty or guarantee, or other assurance, has been made to me covering the results of the PULSED ELECTROMAGNETIC FIELD treatments, and I hereby relieve them and hold them harmless from all liabilities for injury or damage that may occur to me. I fully understand the administration of the process, including possible adverse reactions, side effects, or other possible complications. It is understood that this consent is being given in advance of any administration of the process and is being given by me voluntarily to use the Equipment.
3. I am fully aware of the risks and hazards connected with the use of the Equipment, including the risk of physical injury or disability as the result of such injury, and I am voluntarily participating in said Equipment usage, and entering the above-named premises to engage in such usage. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained, or any loss or damage to property as a result of being engaged in such an activity. I further hereby agree to indemnify and hold harmless the releasees from any loss, liability, damage, or costs that may incur due to the use of Equipment by me.
4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assignees, and personal representative, if I am not alive, and shall be deemed as a release, waiver, and discharge of the above named releasees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Arizona.
5. I understand that the releasees will not be responsible for any medical costs associated with any injury.
6. I understand that the Equipment is designed for fitness and appearance enhancing use only by persons in good general health. I have been advised that if I suffer from any medical condition or illness whatsoever, I am not to use the Equipment without my doctor's written permission.
7. I understand that the Northern Arizona Health Club therapists are not qualified to diagnose or perform medical procedures, and nothing said during the cryotherapy session should be construed as such.
8. Prior to using the Equipment, I affirm that I have stated all my known medical conditions and answered all questions honestly. I further agree to update Northern Arizona Health Club as to any changes in my medical profile which may impact or limit my ability to utilize the Equipment and agree to defend and indemnify. Northern Arizona Health Club and the above-named releases for failure to do so.

My signature below constitutes my acknowledgment that (1) I have read, understand, and fully agree to the foregoing consent, (2) the proposed cryotherapy process has been satisfactorily explained to me and I have all the information I desire and (3), I hereby give my authorization and consent. This consent shall stand as long as I use the Equipment at the location now and in the future. I have read the instructions for proper use of the facilities and do so at my own risk and hereby release the owners, operators, franchisers, or manufacturers, from any damage or harm that I might incur due to use of the facilities.

In signing this release, I acknowledge and represent that I have read and understand the foregoing Waiver of Liability and Hold Harmless Agreement, I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate, and complete consideration fully intending to be bound by same.

Furthermore, I agree that I will comply with all instructions on the use of the Equipment and that I am using these services at my own risk. I agree to use all sessions within the terms of the contract dates and understand that refunds are not given on unused portions of purchased packages.

Please do not use any photograph taken of me at your facility on your website, in any social media, or promotional material. (Check Box if applicable)

Participant's Printed Name _____ Signature _____ Date _____

Participant Parent or Legal Guardian of Participant Name _____ Signature _____

If under 18 years of age, parental consent is required. Please complete below for consent of a minor. Customers are required to be a minimum of 16 years of age for use of the whole-body cryotherapy chamber.

PARENTAL CONSENT FORM FOR MINORS UNDER THE AGE OF 18

Date _____

I, (Print name: Parent or Legal Guardian) _____ acknowledge that I have read and understand the Northern Arizona Health Club waiver acknowledgement of risk regarding PULSED ELECTROMAGNETIC FIELD (PEMF) treatment.

My son/daughter (Print Minor's Name) _____ has also read and acknowledged the contraindications and waiver of risk. I give consent on behalf of my minor to voluntarily undergo treatment.

Parent/Guardian Signature

Minor Signature
