

Service: Radial Shockwave General Consent Form

If I choose to move forward with this service, I consent to and authorize the receipt of service using a Radial Shockwave device at Kelly Brink LLC (the "Company") performed by its owner, employees and/or independent contractors.

The Procedures:

A series of Radial Shockwaves to the designated body part for general health and wellbeing. We do not treat disease, a diagnosis, or any specific medical issue or concern.

This service, Radial Shockwave, has been satisfactorily explained to me, and I hereby acknowledge and agree that:

- The Company does not in any way, warrant and/or guarantee the outcome of the service.
- The service may involve risks of complication or injury from both known and unknown causes, and I freely assume these risks. The most common possible side-effects include bruising, edema, temporary reddening of the skin, and minor discomfort.
- The service may exacerbate conditions, or you may experience off and on worsening of symptoms which may last for a few weeks.
- If you have a **malignancy** or history of **DVT (Deep Vein Thrombosis)** you should not use Radial Shockwave.
- I understand that there will be no refund for any performed services.
- I understand I must arrive on time to each service session. If I am more than 10 minutes late, I will have to reschedule the service unless the Company can accommodate my tardiness.

I further agree to release, waive, discharge, covenant to sue, and hold harmless the Company, its respective owners, members, directors, officers, representatives, agents, vendors, assistants, employees and independent contractors (the "Releasees"), from any and all liability caused by the Releasees and otherwise from any claim, judgement, loss, liability, cost and expense (including, without limitations attorney' fees and costs) arising out of or connected with the service, including, but not limited to, any claim arising out of personal injury (minimal, serious, catastrophic or death), accidents and illnesses (including death) that might incur or be sustained as a result of the service.

I also agree to indemnify and hold releasees harmless from all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorneys' fees brought because of involvement in the service and to reimburse them from any such expenses incurred.

I have read this consent, release, and waiver of liability agreement, fully understand its terms, and understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be complete and unconditional release of all liability to the greatest extent allowed by the law.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____