PEMF - Advanced Cellular Exercise Release Form

| Name: _ | Gender:MF |
|-----------|--|
| ompan | y: Phone: |
| treet: _ | |
| City/St/Z | Zip |
| mail: _ | Website: |
| | I hereby state that I am at least 18 years of age and have read, understand and agree to this Release |
| | Statement, that it is an informed release and that I intend to be legally bound by it. |
| | I am not pregnant and I have no pacemaker or other implanted stimulator. |
| | I have removed all cars keys, credit cards, cell phones and chains from my person. |
| | I know that this is not FDA approved to cure any disease or condition and is an exercise assist device that |
| | an integral part of a TOTAL Exercise/Detoxification Program that I wish to undertake to improve my health |
| | No one has made any representations or claims to me of any treatment or cure of any disease or condition release from all general, medical and any other liability or claims of any kind: and I indemnify and h harmless the magnetic pulse generator, the manufacturer, distributor, dealer and any of their employees agents from any claim arising from or related to my use of the magnetic pulse generator. |
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