CONSENT FORM FOR
~BODY GOALS CONTOURING THERAPY~

I understand Body Contouring does not treat medical conditions nor does it claim or guarantee to treat or relieve any medical condition.

Body Contouring should not be used on those with cardiac issues.
Body Contouring should not be applied across or on the thoracic cavity.
Body Contouring should not be applied over carotid sinus nerves.
Body Contouring should not be applied over inflamed, infected, or swollen areas of the skin.
Body Contouring should not be applied over or near cancerous areas.

I have been honest and forthright about my medical history.
I am not pregnant, have any metallic implants (including a pacemaker), nor any other disease or condition that may be negatively impacted by Body Goals treatments.

Acknowledgement: I understand each person has a different response to the Body Contouring treatment. The risks, benefits, and possible results have been explained to me. I have been provided the opportunity to ask questions and received satisfactory responses.

I voluntarily provide my consent to partake in the Body Contouring treatment. Should any pain or discomfort occur I will immediately notify staff. I will not hold the service provider liable for any effects of body contouring.

Print Name_____Date_____

Signature _____