

## Release From Liability Form

I, \_\_\_\_\_, hereby acknowledge and agree to the terms and conditions outlined in this Release of Liability Form with MearaPulse Therapies and Sheri Spencer for the provision of Pulsed Electromagnetic Field (PEMF) therapy services.

In order to participate and receive the application of PEMF therapy, I acknowledge that:

- I do not have a pacemaker, defibrillator, cochlear implants, or have any implanted device(s) with a battery that cannot be removed.
- I have not had an organ transplant.
- I am not pregnant.
- I do not have any chains on me. (Jewellery is okay.)
- I do not have my car key, credit cards, magnetic strip cards, cell phone, or watch on me.
- I agree to be fully responsible for damages to personal items if I forget they're on me.
- I understand that I am using a magnetic pulse generator that does not treat or cure anything.
- No one has made any representations of claims to me of treatment or cure of any disease or condition, or any promise of any specific results of any kind.

### Initial:

- I understand that I may feel tired or run down in the day or days following a PEMF therapy session, and that this is a normal detoxification reaction. I will stay hydrated, and ensure I eat adequate healthy foods to replenish my body.
- Nature of PEMF Therapy:** I understand that PEMF therapy involves the use of electromagnetic fields to promote health and wellness. I acknowledge that the therapy sessions provided by MearaPulse Therapies are intended for general well-being and relaxation and are not a substitute for medical diagnosis or treatment.
- Voluntary Participation:** I voluntarily choose to undergo PEMF therapy sessions provided by MearaPulse Therapies and understand the potential risks and benefits associated with such therapy. I confirm that I have disclosed all relevant medical information, including pre-existing conditions and medications, to MearaPulse Therapies.
- Release of Liability:** I hereby release and discharge MearaPulse Therapies, its practitioners, agents, and representatives, from any and all claims, liabilities, demands, actions, causes of action, costs, and expenses, whether at law or in equity, arising out of or in connection with my participation in PEMF therapy sessions.
- Assumption of Risk:** I acknowledge that there are potential risks associated with PEMF therapy, including but not limited to fatigue, discomfort, temporary changes in physical or mental state, and the possible exacerbation of pre-existing conditions. I assume all such risks willingly and knowingly.

- Confidentiality:** I understand and agree that all personal information shared between client to MearaPulse Therapies will be kept confidential, except where required by law.
- Agreement to Follow Instructions:** I agree to follow all instructions provided by MearaPulse Therapies during PEMF therapy sessions and to notify the practitioner of any discomfort or concerns immediately.
- I understand that if I have a pacemaker, defibrillator, cochlear implants, organ transplant, am pregnant, or have any implanted device(s) with a battery that cannot be removed I do not qualify for PEMF therapy sessions.

**Optional:**

- I consent to allow the practitioner to use my photo or photo(s) of my animal(s) for marketing or training purposes. Anonymity will be maintained. If I prefer to be identified, MearaPulse Therapies may publicly identify me or my animal(s) as: (feel free to include social media handles)

\_\_\_\_\_

By signing below, I acknowledge that I have read and understood the terms of this Release of Liability Form and voluntarily agree to its contents.

CLIENT'S FULL NAME: \_\_\_\_\_

CLIENT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_ CIRCLE: Mobile OR Landline

EMAIL: \_\_\_\_\_