

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 qualify for 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 my car key, magnetic strip cards, cell phone, or watch within 6 feet of machine.
- I agree to be fully responsible for damages to personal items if I forget they're on me.
- 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 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 are not a substitute for medical diagnosis or treatment.
- I acknowledge that there are potential risks associated with PEMF therapy, including but not limited to fatigue, temporary changes in physical or mental state, and the possible exacerbation of pre-existing conditions. I assume all such risks willingly and knowingly.
- I understand the potential risks associated with PEMF therapy and confirm that I have disclosed all relevant medical information, including pre-existing conditions and medications.
- 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.

Optional:

- I consent to allow the practitioner to use my photo or photo(s) of my animal(s) for marketing or training purposes. I or my animal(s) may be identified 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 SIGNATURE: _____ Date: _____

CLIENT'S FULL NAME: _____

ADDRESS: _____

PHONE #: _____ CIRCLE: Mobile OR Landline

EMAIL: _____