



8002 Mediterranean Drive
 Estero, FL 33928-8302
 Tel: 239-360-2730
 www.ouryogaplace.com

Agreement of Release and Waiver of PEMF & EMS Therapy Liability

Full Name:	
Address:	Apt#
City and State:	Zip:
Email:	Mobile:
Who Referred You?	DOB:

I _____ (**print name**) hereby request the use of the Pulsating Electro-Magnetic Field therapy (PEMF) and/or Electrical Muscle Stimulation (EMS) e-stim therapy devices.

USE OF PEMF DEVICE:

I understand that the PEMF therapeutic device delivers a series of pulsating magnetic frequencies designed to create a penetrating energy that is intended to dynamically interact with cellular metabolism in order to produce a wide range of healing benefits. The theory is that the body benefits from increased ATP production which in turn normalizes cellular membrane potentials, increases oxygenation of tissues, and thereby improves the removal of toxins from the cells. Since everyone is unique and has different physical conditions, each person will experience PEMF therapy differently. There are numerous therapeutic and intensity settings on the device, allowing the individual to target desired results and increase or decrease the effects. Some people state that they feel a bit of warmth or a slight tingling sensation in an area of an old injury, while others say they feel a sense of overall wellness and relaxation.

I understand that the recommended therapy session is about 30 minutes twice a week. To see results a 4-week program is recommended.

I understand that it is my responsibility to remove all electronic or battery-operated devices, including, but not limited to: keys/fobs, wallets, ID and credit cards with magnetic strips such as credit cards and hotel keys, jewelry and hearing aids. I understand that NT YOGA AND WELLNESS, LLC is not responsible for any damage to any technology, or to myself or any property resulting from that technology, that has not been removed prior to my session.

USE OF EMS (e-stim) DEVICE:

I understand that the FDA Cleared Class II Medical Device StimuWELL EMS (e-stim) therapy combines soothing waves of electricity with heat designed to help relieve your neck, back & shoulder pain. Electrical muscle stimulation (EMS) therapy is intended to activate a higher percentage of muscle fibers. EMS devices use electrical pulses to penetrate the muscle skin and fibers designed to allow efficient physiological muscle contraction. EMS therapy is intended to use a wider range of currents (hertz). The recruitment of more motor units that is designed for fitness training, rehabilitation (after surgeries and injuries), muscle relaxation and helps address back/neck pain.

I understand that is common to feel sore after the EMS session due to the stimulation of the muscle fibers. I acknowledge that the recommended therapy session is about 20 minutes twice a week for six weeks.

I acknowledge and agree that it is solely my responsibility to immediately notify my practitioner if I experience any side effects. I understand that side effects may include, but are not limited to, nausea, headache, fatigue, pain and/or uncomfortable sensations. I further acknowledge and agree that my practitioner may suspend my session, at his/her sole discretion, if I disclose any such side effects.

NO REPRESENTATIONS OR WARRANTIES:

I understand that the statements contained herein regarding the therapeutic services provided are for informational purposes only and do not in any way constitute any warranty or guaranty of results provided.

CONTRAINDICATIONS:

Anyone regardless of age or wellness and fitness level should be able to use PEMF/EMS therapy and may benefit from PEMF/EMS treatments while not experiencing any known negative side effects. We recommend that you consult with a health care practitioner before starting any new health and wellness program, including this program.

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People with electronic implants such as heart pacemakers, defibrillator, cochlear hearing device, spinal stimulator, etc. are not allowed to use PEMF/EMS therapy. As a safety measure during pregnancy, we suggest you do not use PEMF/EMS therapy. People with epilepsy, endogenous depression, bi-polar, and known over-sensitivity to PEMF/EMS therapy or psychosis should not use PEMF/EMS therapy. People diagnosed with Grave's disease or are actively bleeding, hemorrhaging, or during heavy menstruation should not use PEMF/EMS therapy. People with serious illnesses, PEMF/EMS therapy should only be used under a doctor's supervision.

NOT A SUBSTITUTION FOR MEDICAL ATTENTION:

The use of PEMF AND EMS Devices is not a substitute for medical attention, examination, diagnosis, or treatment. I knowingly, voluntarily, and expressly agree to accept full responsibility and assume the risk for my use of or participation in any therapy sessions, activities, apparatus, appliance, facility privilege or service, of any nature, which is owned or operated by NT YOGA AND WELLNESS, LLC.

Information discussed or referenced during Healing and Therapy Events and Sessions by NT YOGA AND WELLNESS, LLC and its Sub Contractors relating to medical and health conditions and treatments, is not intended as a substitute for advice from your Healthcare Professional. I agree not use the information or services for diagnosis or treatment of any health issue or for prescription of any medication or other treatment. I agree that I will always speak with my Healthcare Professional, before using any medication, or herbal or homeopathic product, or before adopting any treatment for a health problem. Moreover, I acknowledge, agree and understand that any given or implied suggestion is not to be construed as medical, psychiatric or physiological advice.

RELEASE OF PEMF AND EMS THERAPY LIABILITY

I understand that all risks associated with PEMF and EMS device therapies are unforeseeable and that NT YOGA AND WELLNESS, its Sub Contractors, its employees, and agents do not accept any liability for loss or damages incurred as the result of the PEMF/EMS therapy. I have read this form and voluntarily agree to the PEMF/EMS session on my person assuming all liability for any and all direct and indirect results and consequences, whether foreseen or unforeseen.

While engaging in any therapy session or activity operated, organized, arranged or sponsored by NT YOGA AND WELLNESS, LLC, either on or off their premises, I shall do so at my own risk, and hold NT YOGA AND WELLNESS, LLC, its employees, representatives and agents, forever harmless from any and all, direct or indirect, loss, claim, injury, damage, or liability sustained or incurred by me. I specifically agree to indemnify and hold harmless NT YOGA AND WELLNESS, LLC as to any loss, cost, claim, injury, damage and/or liability, sustained or incurred by participating in the therapy sessions, or through my use of the facilities or equipment of NT YOGA AND WELLNESS, LLC which is caused by an act or omission, whether negligent, intentional or otherwise, of any employee, independent contractor, representative, or agent of NT YOGA AND WELLNESS, LLC. I, together with my heirs, or legal representatives forever release waive, discharge and covenant not to sue NT YOGA AND WELLNESS, LLC for any injury or death caused by my participation in the therapy sessions. My signature below constitutes my full acceptance of this waiver.

This Waiver Agreement shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I acknowledge that this Waiver Agreement form will be used by the persons or entities being released in the therapy sessions and that it will govern my actions and responsibilities in said therapy sessions.

I hereby certify that I have read this document; and, I understand its content.

I am aware that this is a release of liability as well as a contract and I sign it of my own free will.

Signature of Participant _____ **Date** _____

If Participant is Under 18 (must be at least 16 years of age):

As legal guardian of _____, I consent to the above listed terms and conditions.

Signature: _____ Date: _____

Emergency Contact Information:

Name _____

Phone _____ Relationship _____

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