**Pulse System: Pulsed Magnetic Cellular Exerciser**

**Disclaimer**

The Pulse System produces magnetic energy, which passes freely through tissue for the purpose of cellular exercise to promote and support a sense of wellbeing. The Pulse System is not a medical device. The FDA has not evaluated the Pulse System. It is not intended for the diagnosis, treatment or cure of any medical condition. If you are experiencing the symptoms of a medical condition you should seek the advice of a medical professional. If you are unsure whether a demonstration or exercise program of pulse magnetic cellular exercise is right for you, consult with your licensed health care provider(s). As with any exercise program, you may experience natural reactions that include but are not limited to nausea, headache, fatigue or muscle aches.

**Precautions & Recommendations**

* Additional hydration is recommended before and after a session with the Pulse System.
* **DO NOT** use the Pulse System if you have an implanted electronic device including: Pacemaker, defibrillator, cochlear hearing device, etc.
* Remove all the following from your person: Electronic or battery operated devices, keys, wallets, jewelry and hearing aids.
* **DO NOT** use the Pulse System if you are pregnant.
* **DO NOT** use during active bleeding, hemorrhaging, during heavy menstruation or if you have blood clots.

**Informed Consent**

I hereby request a Pulsed Magnetic Cellular Exercise session. I understand that the Pulse System creates a fully adjustable pulsed magnetic field. I understand that the information shared by the demonstrator are his/her personal opinions and are intended for educations purposed only.

Beyond what is stated above, I understand that other risks associated with a pulsed magnetic exercise sessions are unforeseeable and that the demonstrator, the manufacturer, the marketer, employees, agents and affiliates cannot accept any liability for loss or damages incurred as the result of the Pulse System session. I have read this form and voluntarily agree to the Pulse session on my person assuming all liability for any and all results or consequences.

**Client or Parent/Guardian Signature Email Address**

**Print Name Clearly Phone Number**

**Date**