

Consent and Release of Liability for Microcurrent Session or Demonstration

Date of Birth _____

Today's Date _____

Name _____
First Middle Last

Address _____
Street Address City State Zip Code

Phone _____ Email _____

Personal Information

Check if yes

- | | |
|---|--|
| <input type="checkbox"/> Cardiac Pacemakers or other electrically powered implant | <input type="checkbox"/> Cancerous Lesions |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Recent Surgery |
| <input type="checkbox"/> Cardiac Fibrillation | <input type="checkbox"/> Menstruating |
| <input type="checkbox"/> Recently Consumed Drug or Alcohol | <input type="checkbox"/> Lack of Sensation in Skin |
| <input type="checkbox"/> Sensitivity to Electrical Current | <input type="checkbox"/> History of Fainting |
| <input type="checkbox"/> Severe Mental Disorder | <input type="checkbox"/> History of Strokes |
| <input type="checkbox"/> Organ Transplants | <input type="checkbox"/> High or Low Blood Sugar |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> High or Low Blood Pressure |
| <input type="checkbox"/> Open Wounds | <input type="checkbox"/> Botox Treatments |
| <input type="checkbox"/> Phlebitis or Thrombophlebitis | <input type="checkbox"/> Have Not Consumed Water in the Past Two Hours |

Other Pertinent Medical _____

Medications _____

Scars? Locations _____

Waiver of Liability

I understand the Avazzia device imparts electrical frequencies into the body. I have truthfully answered the above list of contra-indications/cautions for this therapy. Avazzia does not prescribe medical treatments or diagnose. It is recommended that I see a physician for any physical ailment that I may have. I have stated all my known medical limitations. In consideration of the treatment offered to me I agree that I will not institute any suit or claim against Be Well LLC or Avazzia, their representatives, employees, or practitioners for any damage, loss or injury to either person or property. I am in good health and have no physical limitations which would affect my safe use of the devices. I am at least 18 years of age and otherwise legally competent to sign this agreement. This release shall be effective and binding upon me and my assigns.

Signature _____ **Date** _____

Printed Name _____ **Witness** _____