

RELEASE FORM

Client Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

Email: _____ **Date of Birth:** _____ **Employer:** _____

Please list all current medications: _____

The infrared spectrum emitted by the Thermojet Infrared Body Wrap System is reputed to provide an astounding range of possible therapeutic benefits. As with any program, results vary and are not guaranteed. Even though infrared therapy is considered a non-invasive treatment, it is recommended that you consult a physician if you have any concerns.

Please read the following statements:

1. If you have a disease or illness, please contact a physician prior to use.
2. If you are using prescription drugs, check with your physician or pharmacist for any possible change in the drugs due to any interaction with infrared energy.
3. It may be inadvisable to raise the core temperature in someone with adrenal suppression and systemic lupus erythematosus or multiple sclerosis.
- 4. If you are pregnant or suspect that you may be pregnant, do not use the Infrared system.**
5. Metal pins, rods, artificial joints or other surgical implants generally reflect infrared rays and thus are not heated by the system; nevertheless please consult your physician prior to using the Infrared system. Discontinue use if you feel any discomfort or pain near any implants.
6. Heating of the low back area of women during the menstrual cycle may temporarily increase their menstrual flow. Once a woman is aware that this may occur, she can choose to use or avoid usage during her menstrual period.
7. Hemophiliacs and anyone predisposed to hemorrhage should avoid the Infrared system.
8. Should any existing condition worsen with the use of the system, discontinue its use.
9. DO NOT attempt to self-treat any diseases with this system without direct supervision of a physician.

THE INFRARED TREATMENT MUST NOT BE CARRIED OUT IN CASES OF:

Overactivity of the thyroid gland, cardiac infarction, cardiac weakness, constriction of the coronary blood vessels, marked high or low blood pressure, diabetes requiring insulin treatment, disturbances to the function of the kidneys and associated organs fever, severe general infection, contact allergies, skin diseases, open wounds, pregnancy, medicines taken at the same time and which cause increased sensitivity to physical stimulation. In the case of varicose veins, the physician treating the condition should be consulted before the treatment.

I acknowledge that I have read and understand the above instructions and warnings for the use of the INFRARED system. I understand that *Medical Grade Skin Care* and its staff are not liable for any injury to the person caused in any way by the use of its services or premises. I hereby discharge *Medical Grade Skin Care* and its officers, directors and employees from any and all actions, course of actions, claims and demands whatsoever whether founded in the fact of law, arising from any injury suffered by me as a result of any services provided by *Medical Grade Skin Care* the use of the Infrared system, and also including injuries from any act or failure to act on the part of *Medical Grade Skin Care*, its officers, directors, and employees.

I HAVE READ THE ENTIRE DOCUMENT AND UNDERSTAND THE CONTENTS. I SIGN THIS RELEASE AS MY OWN FREE ACT AND AGREE TO ALL THE TERMS AND CONDITIONS.

SIGNATURE: _____ **DATE:** _____