



## High-Intensity Focused Electromagnetic Body Sculpting Waiver

**Labor of Love B. E. Strong, LLC** strongly recommends that you consult your physician before beginning **High-Intensity Focused Electromagnetic (HIFEM) Body Sculpting**. **Labor of Love B. E. Strong** disclaims any liability or loss in connection with the usage of **HIFEM** equipment. **Labor of Love B. E. Strong** expressly disclaims any and all liability relating to the practice or use of such equipment in any situation or their legality in any jurisdiction. You should understand that when participating in such a program, there is always the possibility of injury. You agree that you do so at your own risk, are voluntarily participating in these activities, accept all risk of injury to yourself, and agree to release and discharge **Labor of Love B. E. Strong** and its affiliates from any and all claims or causes of action, known or unknown, arising out of negligence. **Labor of Love B. E. Strong** may use media taken for marketing purposes. By signing, you show that you agree with all of the above statements.

### Contraindications

Not all clients are good candidates for **HIFEM Body Sculpting**. For example, if you have metal or electronic implants in the treatment area and have been told that you should never have a CT Scan because of metal implants, then **HIFEM Body Sculpting** will not be a good choice. If you have had a CT Scan safely, then the metal implants are most likely titanium. Clients with titanium implants should be able to safely participate in **HIFEM Body Sculpting**.

#### Other possible contraindications include:

- Cardiac pacemakers
- Implanted defibrillators
- Implanted neurostimulators
- Drug pumps
- Malignant tumor
- Hemorrhagic conditions
- Epilepsy

**High-Intensity Focused Electromagnetic Body Sculpting** is not appropriate during pregnancy, after experiencing a hernia, or after surgery in the target area.

### **RESULTS MAY VARY – NO REFUNDS**

**By signing, you show that you agree with all the above statements.**

\_\_\_\_\_  
**PARTICIPANT'S PRINTED NAME (PLEASE PRINT)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARTICIPANT'S SIGNATURE (OR PARENT/GUARDIAN OF MINOR)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**EMAIL**

\_\_\_\_\_  
**PHONE (Circle: Cell Home)**