

COMPLEXIONS



BioCharger INFORMED CONSENT

Name:	
date-of-birth:	
cell number:	
email:	
address:	
If minor name or parent/guardian:	

Please answer the following

Circle one

Are you currently pregnant?	YES / NO
Are you known to be photosensitive (i.e., Photo convulsive Response, Epilepsy)?	YES / NO
Do you have a pacemaker?	YES / NO
Do you have an insulin pump?	YES / NO
Do you have any passive metallic implants such as plates or screws?	YES / NO

I acknowledge and accept the risks inherent in the use of the BioCharger NG®. I voluntarily assume the risk of injury, accident, or death, which may arise from the use of the BioCharger NG®. I and any of my heirs, executors, representatives or assigns hereby release from all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of the BioCharger NG® and from any advice provided by an employee, independent contractor, or any representative. I agree that this Application and Waiver is in effect for all BioCharger NG® sessions and will not expire unless requested by either party.

Complexions and its representatives, including but not limited to BioCharger NG®, does not provide medical advice or treatment. BioCharger NG® may or may not be appropriate for you. Please consult your health care provider for medical advice. The information provided is for general information purposes only and does not address individual circumstances or medical conditions. Do not attempt to self-treat any disease with the BioCharger NG®.

Signature: _____

Date: _____

By signing below, as the parent or guardian of _____ you acknowledge that you have read this document and give permission for him/her to begin BioCharger NG® sessions at Complexions.

Signature (parent or guardian): _____

Date: _____