**MEDICAL DEVICE RELEASE FORM**

The BioMat is deemed to be safe, but is not suitable for everyone. If you have any medical condition, please be sure to seek medical advice before using the BioMat.

This information is provided for informational purposes only. It is not intended to treat, diagnose, or cure any physical disease or ailment.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am not pregnant or believe I am pregnant.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, currently do not have an external pacemaker.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am currently not in renal or kidney failure.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, currently do not have heat sensitive MS.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have not had any organ transplants with the past two years.

Please advise and initial if any of these conditions apply:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cardiovascular/heart disease |  | Movement disorder/parkinson’s |  | Thrombosis |  |
| Epilepsy |  | Lymphatic edema |  | Metal or synthetic implants (pacemaker, stents, brain implants) |  |
| Kidney stones, bladder stones, gallstones |  | Active cancer |  | Chronic pain |  |
| Acute myocardial infarction |  | Recent head injury |  | Prosthetics (leg, arms, knees, hips) |  |
| Migraines |  | Joint implants (knee, hip, neck, spine, foot, etc.) |  | Acute inflammations, fever & infections |  |
| Tumors |  | Vertigo |  | Other (please list): |  |
| Low back pain |  | Arthritis/acute joint disorders |  |  |  |
| Diabetes |  | Cataracts or eye-related conditions |  |  |  |

\_\_\_\_\_ (initials) I choose to disregard \_\_\_\_\_(your name)\_\_\_\_\_\_\_’s recommendation to consult a physician.

I have read and understand this waiver and accept full responsibility and release \_\_\_\_(your name)\_\_\_\_\_\_\_\_\_\_ from all liability.

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Client Signature Date Your Name Date