**Restoration Wellness PEMF Therapy Session Waiver and Release Form**  
  
**Client Information**:  
- Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
- Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
- City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_  
- Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
- Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
- Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
- Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PEMF Therapy Overview**:  
Welcome to Restoration Wellness! We are excited to offer Pulsed Electromagnetic Field (PEMF) Therapy using the Pulse machine, a groundbreaking technology designed to support your body's natural healing processes. PEMF Therapy utilizes low-frequency electromagnetic fields to stimulate cellular function, improve circulation, reduce inflammation, and promote overall wellness. This non-invasive therapy can aid in pain relief, support recovery from injuries, and enhance your energy levels.  
 **Important Pre-Appointment Instructions:**  
To ensure the most effective session, please refrain from wearing any jewelry or perfume during your appointment. It is also important to arrive well-hydrated and well-rested to optimize the benefits of your PEMF Therapy session.  
  
**Waiver and Release:**By signing this waiver, I acknowledge and agree to the following:  
  
- My participation in the PEMF Therapy session is voluntary, and I understand that I can discontinue the therapy at any time if I feel uncomfortable.  
  
- I have disclosed all relevant health information to the practitioner, including any medical conditions, medications, or allergies that may affect my participation in this therapy.  
  
- I understand that PEMF Therapy is not intended to diagnose, treat, cure, or prevent any medical conditions. It is not a substitute for medical care or treatment.  
  
- I have been informed about the nature of the PEMF Therapy session and the procedures involved, and I have had the opportunity to ask questions regarding the therapy.  
  
- I acknowledge that while PEMF Therapy is generally considered safe, individual results may vary, and I assume all risks associated with the therapy.  
  
- I hereby release and hold harmless Restoration Wellness, its practitioners, employees, and agents from any claims, liabilities, damages, or expenses arising from my participation in the PEMF Therapy session, including any injuries or adverse effects that may result.  
  
- I understand that my personal health information will be kept confidential and will only be disclosed with my consent or as required by law.  
  
- By signing below, I confirm that I have read and understood this waiver and release form in its entirety and that I agree to the terms and conditions outlined herein. You will also have to sign a release form from Pulse.  
  
**Client Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
Thank you for choosing Restoration Wellness for your PEMF Therapy session. We look forward to supporting you on your journey to improved health and vitality!