Restoration Wellness Body Balancing Session Waiver and Release Form

Client Information:
- Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_
- Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Body Balancing Session Overview:
Welcome to Restoration Wellness! We are excited to offer our Body Balancing Sessions utilizing the Healy device, a revolutionary tool designed to support holistic wellness. The Healy device uses microcurrent frequencies to help restore balance in your body, supporting physical, emotional, and mental well-being. This gentle and non-invasive technology aims to enhance your body's natural healing processes.

Waiver and Release:
By signing this waiver, I acknowledge and agree to the following:

1. Voluntary Participation:
I understand that my participation in the Body Balancing Session is entirely voluntary and that I may withdraw at any time.

2. Health Disclosure:
I have disclosed all relevant health information to the practitioner, including any medical conditions, medications, or allergies that may affect my participation in this session.

3. No Medical Claims:
I acknowledge that the Healy device is not intended to diagnose, treat, cure, or prevent any disease. I understand that the Body Balancing Session is not a substitute for medical treatment or therapy.

4. Informed Consent:
I have been informed about the nature of the Body Balancing Session, including the use of the Healy device, and I have had the opportunity to ask questions regarding the procedure.

5. Release of Liability:
I hereby release and hold harmless Restoration Wellness, its practitioners, employees, and agents from any and all claims, liabilities, damages, or expenses arising from my participation in the Body Balancing Session, including but not limited to any injury or adverse effects resulting from the use of the Healy device.

6. Confidentiality:
I understand that my personal health information will be kept confidential and will only be disclosed with my consent or as required by law.
7. Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

By signing below, I acknowledge 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.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for choosing Restoration Wellness for your journey towards balance and wellness. We look forward to supporting you on your path to optimal health!