

## **Consent Form for Body Contouring Therapy**

I understand Body Contouring does not treat medical conditions nor does it claim or guarantee to treat or relieve any medical condition.

- Body Contouring should not be used on those with cardiac issues.
- Body Contouring should not be applied across or on the thoracic cavity.
- Body Contouring should not be applied over carotid sinus nerves.
- Body Contouring should not be applied over inflamed, infected, or swollen areas of the skin.
- Body Contouring should not be applied over or near cancerous areas.

I understand that any procedure involves risk. Risks may include redness, swelling, irritation, skin reaction, or increased heart rate.

I have been honest and forthright about my medical history, and am healthy to use the device. I am not pregnant, have any metallic implants (including a pacemaker), nor any other disease or condition that may be negatively impacted by the Body Contouring device.

Acknowledgement: I understand each person has a different response to the Body Contouring treatment. The risks, benefits, and possible results have been explained to me. I have been provided the opportunity to ask questions and received satisfactory responses.

I voluntarily provide my consent to partake in the Body Contouring treatment. Should any pain or discomfort occur I will immediately notify The Rustic Spa staff. I will not hold The Rustic Spa liable for any irritation or effects of having thermal heat applied during the Body Contouring therapy.

Print Name _	 Date
Signature	