



## Massage Bed Contraindications/Precautions and Release:

If you have any of the following conditions, please consult a physician prior to using Migun:

1. Phlebitis (blood clots)
2. Fused discs or implanted spinal/scoliosis rods or any other spinal hardware/implants
3. Fractures or suspected fractures
4. Metallic implants
5. Pacemaker or ICD (Internal Cardiac Device)
6. Malignant tumors
7. Are currently pregnant
8. Reactive skin disorders such as prickly heat
9. Photo allergic dermatitis
10. Are currently being treated for cancer
11. Any condition you have that you feel you should consult with your physician about
12. Surgery with in the past 6 months

### Acknowledgement

I, \_\_\_\_\_, acknowledge that I am 18 years or older and am voluntarily participating in the use of a MIGUN Therapy Products, and that I do not have any of the above conditions and/or did receive my physician's recommendation to proceed should I have one of the precautionary conditions listed above.

### Assumption of Risk, Release and Waiver

I recognize that there are certain risks of my participation in use or misuse of the bed. In any event, I, for myself, my spouse, heirs, successors, assigns, executors, administrators and legal representatives hereby acknowledge and agree as follows: (a) assume any and all risks arising out of any actions, conducts, decisions, behavior or events occurring related to my use or misuse of the MIGUN therapy products and (b) fully and completely release and waive any and all claims, complaints, causes of action, demands of any kind (including, without limitation, any claims of negligence), or damages, including, without limitation, direct, indirect, punitive, incidental, or consequential whether to property or life, which I have or which may have in the future against Migun Life Inc. its subsidiaries, affiliates, predecessors and successors and all of its directors, officers, employees, and agents arising out of any actions, conduct, decisions, behavior or events occurring related to my use or misuse of the MIGUN therapy products.

### Full Understanding

I have carefully read this Agreement, understand it, accept all of its terms, and I sign it voluntarily and of my own free will. I further acknowledge that I have been provided the opportunity to review and question the Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
DOB