



### **Micro-current Waiver of Liability Form**

In the event that you have any adverse reaction to the administration of the treatment (or use of the device) administered in order to improve the tone and physical appearance of skin and supporting tissue, be sure to immediately see a physician for treatment or appropriate referral for treatment.

People with ***physical or mental limitations, have an implanted or other electrical stimulatory device, a history of seizures, epilepsy, or who are pregnant*** should not undergo the treatment and therapy offered by More Than Skin Deep, LLC and Blythe Payne, LMT L.E.

The certified Aesthetician will provide you with a detailed, live explanation of the system and its proper use prior to using the system. The treatment and therapy offered by More Than Skin Deep, LLC and Blythe Payne, LMT L.E. is not designed or intended to treat, cure, prevent or diagnose any disease, ailment or medical condition.

No claims offered in relation to the therapy have been evaluated by the FDA. This information is not to be substituted for advice from your physician or health care professional.

Device:

When activated, the device will deliver a low current electrical stimulation, in combination with the application of a topical water, Gel, or lotion, and produces varying levels of electrical simulation, energy and intensity. Undergoing the therapy will affect the muscles, skin, and circulatory and nervous system. It may affect the functioning of any electrical devices used to treat a medical condition (e.g. pacemaker).

The live area of electrical stimulation activity is located at the tip of the device being applied to the surface of the skin. Skin irritation or redness are possible, and may be associated with the use of an electronic muscle stimulator.

Device Output / Energy Levels / Skin Response

**The device applies an electrical stimulation measured between zero and 500 microamps.**

Persons using medical devices such as pacemakers, implanted or other electronic nerve, muscle or tissue stimulator, or hearing aids are not recommended to undergo therapy.

Sensitive Medications

Certain medications and cosmetics may produce a greater sensitivity to the procedure. As for medications or cosmetics, typically, these products feature a warning label to notify you of potential adverse effects. Please consult a physician prior to therapy if you are using any such products or medications.



#### Waiver & Release Signature of Customer

I expressly acknowledge that my use of the therapy is undertaken at my sole risk. Any change in physical activity or routine are done so voluntarily with the complete understanding that I am responsible for all actions and assume all risks of injury, illness, disease or death.

More Than Skin Deep, LLC and Blythe Payne, LMT LE or any agent thereof, is also not responsible for loss of any personal property. This waiver and release of liability includes, without limitations, all injuries that may occur as a result of (a) use of equipment or products applied topically in conjunction with the equipment (b) the sudden and unforeseen malfunction of the equipment (c) slipping or falling on the premises - including adjacent sidewalks, parking lots, etc.

I acknowledge that I have carefully read this waiver and product support materials and that I fully understand that this is a release of liability. I expressly agree to release and discharge the business, and all its affiliates, agents, employees, representatives, successors, or assigns, from any and all claims or causes of action and I voluntarily give up or waive any right that I may have to bring a legal action against the business for personal injury or property damage. To the extent that the statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the business, its employees and agents. If any portion of this release from liability shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of the release from liability shall remain in full force and the offending provision(s) severed here from. This release supersedes all other signed release forms and shall be considered retroactive to the first date of equipment usage. By signing this release I acknowledge that I understand its content and that this release cannot be modified orally.

By signing the electronic Facial Intake Form I have read and acknowledge the above information.