

8818 Saturn St. Los Angeles CA 90035 (310) 623-4444 www.Vivie.com

TURBOSONIC WAIVER RELEASE & INDEMNITY FORM

Contraindications:

If one of the conditions listed below applies to you or if you are unsure whether a condition you have might be affected negatively by using the TurboSonic, we strongly advise that you consult with your physician before using the TurboSonic, & request that you don't use the TurboSonic until cleared to do so:

- Pregnancy
 Acute thrombosis
 Serious cardiovascular disease
 - Pacemaker Recent wounds from an operation or surgery •
- Hip and knee implants Acute hernia, discopathy, spondylolysis •
- Severe diabetes Epilepsy Recent infections Severe migraine Malignant Tumors Recently placed IUD's, metal pins, or plates Displaced Cornea•

This list of contraindications is not absolute. Research is still being conducted on the effects of vibration on certain medical conditions. This list may soon be reduced. Practical experience indicates that there are a number of cases where it is beneficial to integrate Turbosonic's training into ones treatment. This should always be done under the supervision of a doctor, physician or trained professional.

I the undersigned, hereby request permission to use the TurboSonic equipment located at 8818 Saturn Street, Los Angeles, CA 90035. I have read, understand and signed the list contraindications and have inspected the premises and I know the risks and dangers involved in such activity, and that unanticipated and unexpected danger may arise during such activity. I assume all risks of injury to my person and property that may be sustained in connection with the stated activity at and about the premises for each an every day that I enter the premises. In consideration of the permission granted to me to enter the premises and participate in the stated activity, I hereby for myself, my heirs, administrators, and assigns, release, remise and discharge the owners, operators, all sponsors of the premises, and their respective servants, agents, officers, officials, Vivie Therapy, Maxam Labs/TurboSonic, and all other participants / demonstrators in the stated activity of and from all claims, demands, actions, and causes of action of any sort, for injury sustained to any person and / or property during my presence on their premises and my participation in the stated activity due to any reason whatsoever regardless of whose fault or negligence it might be. I have read and understand the conditions and contraindications stated above and agree to the terms.

Signature:	
Printed Name:	Date: