

**CLIENT INFORMATION - MIGUN RELEASE FORM**

**Personal Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us? (*online search, gift certificate, social media, name of referrer - so we can thank them, other?*)  
\_\_\_\_\_

What benefit(s) are you trying to achieve through your Migun visit?

- |   |   |
|---|---|
| <input type="checkbox"/> Relax/Reduce Anxiety | <input type="checkbox"/> Fibromyalgia                     |
| <input type="checkbox"/> Back Pain            | <input type="checkbox"/> Sciatica                         |
| <input type="checkbox"/> Bulging disks        | <input type="checkbox"/> Neck pain                        |
| <input type="checkbox"/> Chronic fatigue      | <input type="checkbox"/> Foot pain                        |
| <input type="checkbox"/> Shoulder pain        | <input type="checkbox"/> Sports injuries                  |
| <input type="checkbox"/> Knee pain            | <input type="checkbox"/> Chronic pain                     |
| <input type="checkbox"/> Neuropathy           | <input type="checkbox"/> Arthritis (including rheumatoid) |
| <input type="checkbox"/> Other? _____         |   |

**By signing this form to confirm you do not have any of the following conditions:**

1. IF YOU ARE PREGNANT DO NOT USE THE MIGUN BED.
2. Phlebitis
3. Fractures or suspected fractures
4. Fused discs or implanted scoliosis rods
5. Individuals with any type of metallic implants.
6. Pacemakers or ICS "Internal Cardiac Device"

Please Consult your physician before using if you have any of the following:

- |   |                                 |
|---|---------------------------------|
| •Reactive skin disorders such as prickly heat | •High fever                     |
| •Photo allergic dermatitis                    | •Visual problems                |
| •Malignant tumors                             | •Artificial organs or skeletons |

*Please take a moment to carefully read the following information and sign where indicated:*

*I acknowledge and accept the risks inherent in the use of the Migun bed. I voluntarily assume the risk of injury, accident, or death, which may arise from the use of the Migun bed. I and any of my heirs, executors, representatives, or assigns hereby release from all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of the Migun bed and from any advice provided by an employee, independent contractor or any representative.*

*I further understand that Aches Away Massage Specialists is NOT A Medical Doctor and is NOT attempting to portray or conduct the activities of a Medical Doctor and I release her, the Facility and Manufacturer from any adverse effects I may incur by the use of the Migun bed.*

*I have carefully read the above safety instructions for using the Migun bed. I fully understand them and fully agree to comply with instructions. This agreement is in effect for all Migun bed sessions and will not expire unless requested by either party.*

Signed: \_\_\_\_\_