

MIHA TRAINING CONSENT

Client Name	Date of Birth	Phone Number
What is your activity level curren	gh Protein □ Vegetarian/Vegan	□ No Special Accommodations This is a second of the commodation of t
Please check all conditions that y	ou have had previously or currentl	y do have:
☐ Acute influence of alcohol,	☐ Arterial circulatory	☐ Diabetes Mellitus
drugs, narcotics, and /or	disorders	☐ Acute viral or bacterial
painkillers	☐ Strong bleeding	infection
☐ Recent Operation	tendencies (hemophilia)	☐ Liver/Kidney Disease
☐ Active medical implants	☐ Bleeding	☐ Asthma
☐ Cardiac arrhythmia	☐ Abdominal wall hernia	☐ cardiovascular disease
☐ Epilepsy	☐ Inguinal hernia	☐ coronary heart disease
☐ Seizures	☐ Tumor diseases	☐ Infected or wounded
☐ Currently Pregnant or	☐ Arteriosclerosis in	areas of skin
Suspected Pregnancy	advanced stage	☐ Skin cancer
☐ Severe circulatory	☐ Severe neurological	☐ Rhabdomyolysis
disorders	disorders	☐ Tuberculosis
immediately if you feel sick or unwell. As strenuous and subject to risk of serious i using any exercise equipment or particip participating in physical exercise or train you are voluntarily participating in these illness, or death. Balanced Flow is not recarefully read this 'waiver and release' a the manufacturer Miha Body Tech and a Balanced Flow from all claims or causes have to bring legal action against Miha B expressly including Balanced Flow for pereleases for negligence, this release is also competent jurisdiction to be invalid, the	lease drink enough water (minimum 16oz) by roid additional physical effort on the same dripyry, we urge you to obtain physical examinating in any exercise activity utilizing the MI ing activities with Balanced Flow, you do so activities and the use of these facilities and sponsible for the loss of your personal proper and fully understand that it is a release of liabiny of its suppliers, employees, agents' consumption of the and any of its suppliers, employee resonal injury or property damage. To the exist for negligence. If any portion of this release in the remainder of this release from liability thered from here. By signing this release, I activities and the remainder of this release, I activities and the corally.	ay. Because physical exercise can be nation from a primary care physician beforms that equipment. You agree that by entirely at your own risk. You agree that equipment and assume all risk of injury, erty. You acknowledge that you have bility. You agree to release and discharge altants, or qualified trainers expressly waive any right that you may otherwise s, agents consultants or qualified trainers tent that statue or case law do not prohibs from liability shall be deemed by a Coushall remain in full force and effect, and