

CONSENT FOR USE OF INBODY BODY COMPOSITION ANALYSIS and REEVUE METABOLIC ANALYSIS

THIS IS A RELEASE OF LIABILITY-READ BEFORE SIGNING

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN THE USAGE OF THE INBODY AND/OR REEVUE METABOLIC TEST.

INBODY BODY COMPOSITION ANALYSIS

IN CONSIDERATION of being permitted in any way in the usage of the InBody Body Composition Analyzer and service included but not limited to repairs, modifications and adjustments to any and all equipment, under the auspices Murad Inclusive Health Center, I acknowledge, appreciate and agree that:

I confirm I do not have a pacemaker or debrillator and I am not pregnant. _____

Initials

REEVUE METABOLIC TESTING

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability: RADIANT HEALTH WEIGHT LOSS AND WELLNESS, PLLC.

SIGNATURE

WRITTEN NAME

DATE



RADIANT HEALTH
WEIGHT LOSS AND WELLNESS