



TAMA RESEARCH CORP.

Name: \_\_\_\_\_

Client Profile and Waiver of Liability Form

Date: \_\_\_\_\_

It is possible that you may suffer a physical injury, illness or adverse reaction as a result of undergoing the treatment and therapy offered by TAMA Research Corp. 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 TAMA Research Corp.

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 TAMA Research Corp. is not designed or intended to treat, cure, prevent or diagnose any disease, alignment 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.

TAMA Research Corp. 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 stimulation, 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. See below related to these issues). Some people may find this therapy to be strenuous, uncomfortable, disorienting and/or stressful. Therefore it is recommended that you consult with a physician prior to undergoing therapy.

The live area of electrical stimulation activity is located at the tip of the device being applied to the surface of the skin.

**Device Output / Energy Levels / Skin Response**

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

Skin irritation or redness are possible, and may be associated with the use of an electronic muscle stimulator. A doctor should be consulted before using any electronic muscle stimulator, in case you have an underlying medical condition, which the electronic muscle stimulator could aggravate. Always seek your doctor's opinion before engaging in any new procedure.

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.

Medical and Waiver form

**Sensitive Medications or Skin Conditions**

Certain medications, cosmetics or skin conditions may produce a greater sensitivity to the procedure. It is not recommended to undergo therapy if you have been diagnosed with a physical condition affecting the skin. 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 or have a history of skin problems or believe yourself to be sensitive.

**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.

TAMA Research Corp., 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.

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Client / Customer Name Printed

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Client / Customer Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of Signature

Medical and Waiver form

Have you or any member of your family had skin cancer? Yes  No   
If Yes, are you free of cancer? Yes  No   
Do you have diabetes? Yes  No   
Do you have frequent headaches? Yes  No   
Are you pregnant? Yes  No   
Do you suffer from arthritis? Yes  No   
Are you wearing contacts? Yes  No   
Are you wearing dentures? Yes  No   
Do you have any medical implants (i.e. pacemaker, metal plates) Yes  No   
Do you have cardiac or circulatory problems? Yes  No   
Do you bruise easily? Yes  No   
Do you have high blood pressure? Yes  No   
Are you currently taking any prescription or over the counter medications? If yes, please list all oral medications you are taking \_\_\_\_\_

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Do you suffer from epilepsy or seizures? Yes  No   
Have you ever had surgery? Yes  No   
Have you had Botox or fillers recently? Yes  No   
If yes, when? \_\_\_\_\_  
Do you have varicose veins? Yes  No   
Do you have allergies? Yes  No   
If yes, please list all medications you are allergic to \_\_\_\_\_

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Do you have any contagious diseases? Yes  No   
I certify that I am not HIV positive, have AIDS or Hepatitis C (Initial please) \_\_\_\_\_  
Do you have osteoporosis? Yes  No   
Do you have autoimmune disorder? Yes  No   
Have you had Shingles? When? Yes  No   
Have you had any broken bones in the past two years? Yes  No   
Have you been in an accident or suffered any injuries in the past two years? Yes  No   
Do you have a regular exercise routine that you follow? Yes  No   
Do you suffer from back pain? Yes  No   
Do you have tension or soreness in a specific area? Yes  No   
If yes, please specify \_\_\_\_\_

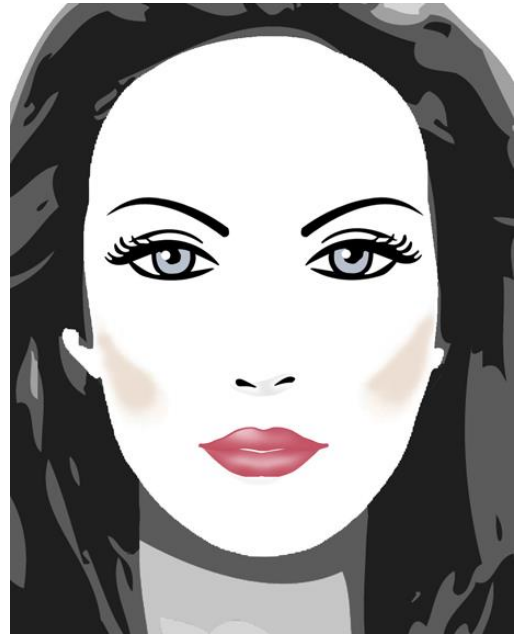
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Do you smoke? Yes  No  How many? \_\_\_\_\_  
Please describe your diet: \_\_\_\_\_  
Alcoholic beverages Yes  No  How many and how often? \_\_\_\_\_  
Drugs Yes  No  please explain: \_\_\_\_\_  
Do you have any other medical condition, including joint or other bone replacement, or are you taking any medications that I should know about? Yes  No

Any additional comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical and Waiver form

Place an X on any painful areas:



Circle areas of concern and describe the condition.

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If you answered YES to any of these questions and believe that your past or existing conditions may be aggravated by use of the therapy; you should seek the advice of your physician or licensed health professional prior to use.

Thank you!

TAMA Management