

EMS TRAINING



INFORMED CONSENT

After receiving a detailed explanation about EMS training and after being informed about contraindications, expectations and side effects, I give my consent to carry out the workout.

I am aware and consent to carry out the workout by the person in charge, in accordance with all procedures and instructions.

I declare that I do not meet any of the exclusion criteria or contraindications such as pregnancy, internal electronics, epilepsy, prostheses or serious health problems. In case of doubt, I know I should consult with a medical professional.

I am aware of the fact that after treatment I could have muscle aches as a result of physical exercise and I know that there could be slight reddening after training in certain areas of the body.

I am aware of the fact I will need several sessions to obtain the desired results. I understand that I must not train after eating and understand that in order to obtain the best results I must maintain healthy eating habits.

I hereby confirm that I have requested the treatment and I have not been convinced by the person in charge of treatment.

Name: _____

Date: _____

Signature: _____

Place: _____