



REGISTRATION FORM FOR VOLUNTARY & FREE USE OF MIGUN PRODUCTS

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
PHONE# \_\_\_\_\_ E-MAIL \_\_\_\_\_ REFERRED BY: \_\_\_\_\_
EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

IN ORDER TO SERVE YOU EFFECTIVELY, PLEASE INFORM US OF CURRENT HEALTH STATUS

ANY PHYSICAL CONCERN(S): \_\_\_\_\_ PAIN LEVEL (1 to 10) \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

PLEASE CHECK ALL THAT APPLY

DO YOU HAVE OR POSSIBLY HAVE ANY OF THE FOLLOWING:

- \_\_\_\_ Surgery - Where \_\_\_\_\_
\_\_\_\_ Intestinal Problems \_\_\_\_\_
\_\_\_\_ Malignant Tumor \_\_\_\_\_
\_\_\_\_ Scoliosis \_\_\_\_\_
\_\_\_\_ Pain - Where \_\_\_\_\_
\_\_\_\_ High Blood Pressure \_\_\_\_\_
\_\_\_\_ Heart Disease/Suspected \_\_\_\_\_
\_\_\_\_ Shoulder Injury \_\_\_\_\_
\_\_\_\_ High Cholesterol \_\_\_\_\_
\_\_\_\_ Poor Circulation \_\_\_\_\_
\_\_\_\_ Skin Disorder \_\_\_\_\_
\_\_\_\_ Diabetic \_\_\_\_\_
\_\_\_\_ Arthritis \_\_\_\_\_
\_\_\_\_ Migraines \_\_\_\_\_
\_\_\_\_ Deep Vein Thrombosis \_\_\_\_\_

MEDICAL CONDITIONS PROHIBITED:

- \_\_\_\_ Pregnant \_\_\_\_\_
\_\_\_\_ Organ Transplant \_\_\_\_\_
\_\_\_\_ Weight over 300 pounds \_\_\_\_\_
\_\_\_\_ Hemophiliac \_\_\_\_\_
\_\_\_\_ Artificial Organ \_\_\_\_\_
\_\_\_\_ Internal Cardiac Device (ICD) \_\_\_\_\_
\_\_\_\_ Phlebitis \_\_\_\_\_
\_\_\_\_ Fractures or Suspected Fractures \_\_\_\_\_
\_\_\_\_ Metallic Implants \_\_\_\_\_
\_\_\_\_ High Fever \_\_\_\_\_
\_\_\_\_ Fused Discs \_\_\_\_\_
Where \_\_\_\_\_
\_\_\_\_ Pacemaker \_\_\_\_\_
\_\_\_\_ Advanced Osteoporosis \_\_\_\_\_

Individuals with reactive skin disorders such as \_\_\_\_\_ heat rash, \_\_\_\_\_ photo allergic dermatitis, \_\_\_\_\_ prickly heat or \_\_\_\_\_ related allergies should use this product with caution, and consult their physician, prior to use.

MIGUN DISCLAIMER

I hereby release MIGUN USA and any of their employees or assigns of any and all liability resulting from use of the Migun bed at this showroom. Prior to use of the Migun bed, I understand that I need instructions from MIGUN USA employees on how to safely operate the Migun bed and Migun bed's effects on my body. In addition, I have inspected the Migun bed for any defects releasing MIGUN USA and their employees and assigns of any and all express or implied guarantees and/or warranties. I hereby declare that I will take full responsibility for any and all risk of the quality and performance of the Migun bed, as well as possible injuries, health consequences, or other reactions resulting from use of the Migun bed.

PRIVACY NOTICE

INFORMATION GATHERED IN THIS DOCUMENT WILL BE KEPT STRICTLY CONFIDENTIAL AND WILL NEVER BE USED FOR ANY OTHER PURPOSE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ staff \_\_\_\_\_