

Health Check Extra

Terms, Conditions and Consent Form

I fully understand the following terms and conditions:-

- 1) The equipment is for demonstration, trial and testing purposes only. I am eligible to use the equipment by appointment indefinitely, to help me decide whether to purchase.
- 2) My use of the equipment and other products is entirely voluntary and I can discontinue use at any time.
- 3) It is my responsibility to wear clean, dry and respectable clothing and staff members have the right to refuse use of the products, if I am dressed inappropriately.
- 4) It is my responsibility to use the equipment as directed and to seek assistance as needed, and inform the staff about my health, and complete a health questionnaire.
- 5) The recommended settings are optimised for you, and I am responsible for informing the staff, to adjust the settings to my own comfort level.
- 6) It is my responsibility to adjust my own position for my own comfort, and if unsure I will seek assistance from the staff.
- 7) Persons with mental and / or physical disabilities may use the products under their carer's supervision only, and subject to the staff prior consideration and consent.
- 8) I am aware that I am not entitled to make any claims against us or our staff for whatever reasons.
- 9) When trialling products, guarantees are not made implicitly or explicitly, with regard to any medical, physical, psychological or mental illness.
- 10) I understand that individuals may react or respond differently to our products.
- 11) If I provide testimonies, we have the right to use them for promotional purposes.
- 12) I am responsible for consulting with my own doctor for advice should I feel vulnerable due to my medical condition, at any time before, during or after discontinuing trialling our products.
- 13) I am responsible for any injuries caused by inappropriate use of our products that is different from that explained and advised by the our staff.
- 14) I understand that if I need to cancel an appointment I must give 24 hours' notice. Should I be late I will only be able to use the remaining time outstanding, thus shortening the session. This is at our staffs discretion.
- 15) I understand the importance of observing these guidelines. I understand that behaviour inappropriate towards staff and / or other clients, or the misuse of the products will not be tolerated and I will be asked to leave the premises.
- 16) If I constantly breach these guidelines my trial and memberships will be cancelled.
- 17) I have been informed that our staff are not medical professionals and are not ultimately responsible for the diagnosis, treatment and / or overall management of my health conditions.

PLEASE PRINT IN BLOCK CAPITALS

Mr/Mrs/Ms/Miss First Name.....Family Name.....

Address.....

Post Code.....Phone.....

Email.....

Date of Birth.....Occupation.....Nationality.....

Health Goals.....

Recommended By.....Date.....

I have read, understood and agree with the above.....*Signature*