



Health Waiver

I, the undersigned, acknowledge that I understand treatments designated as “Body Enhancements” do not replace any standard medical treatment, nor do I make any claims as to how these enhancements will affect me.

I also assert that I have no known medical reason that would prevent me from receiving this enhancement. I also affirm that I am not an epileptic, nor am I presently under a doctor’s care.

Signed this day: _____, 20__