

REGISTRATION FOR VOLUNTARY FREE USE OF MIGUN BED

Personal Information

NAME	(First) (Middle) (Last)	DOB	/	/
ADDRESS				
TELEPHONE			AGE	
IN EMERGENCY, PLEASE CALL			RELATIONSHIP	

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

ALLERGY: _____

MEDICATION TAKEN: _____

MIGUN DISCLAIMER

I hereby release MIGUN Total Health and Beauty Clinic 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 Total Health & Beauty Clinic 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 Total Health and Beauty Clinic 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.

SIGNED AT		RECEPTIONIST SIGNATURE	
SIGNATURE		TODAY'S DATE	

