

VALLEY In Home PEMF Therapy, Inc.

PEMF Therapy induces electrical changes within the cell and re-energizes damaged cells to their normal, healthy state. This boosts cellular metabolism, blood cell regeneration, circulation and oxygen carrying capacity.

The use of electromatic unit to mimic the frequency of the earth's magnetic field with increased intensity for the management of wellness.

PEMF FACTS:

Can: Double the size of White Blood Cells

Can: Reduce Inflammation, Edema and Relieve Pain

Can: Enhance the body's ability to heal itself at the cellular level

Can: Help manage chronic conditions such as Arthritis

Can: Improve Range of Motion at a Cellular Level

Can: Help with Sleeping Patterns and overall sense of well being

Can: Be used to treat and prevent a variety of systemic illness by stimulating the cellular metabolism and improved Immunity. Clearing the liver toxins increasing nutrient uptake

Can: Be used on any area of the Body, specific area or entire

Can: Be used on any person or animal

Can: Improve mood and reduce stress / Depression and Anxiety

Can: Improve Oxygen absorption in cells over 200%,

Can: Be helpful with with reduction of symptoms with Migraine Headaches

Can: Improve quality of life with Diabetic Peripheral Neuropathy

Can: Improve circulation without the heart having to work harder (truly amazing), accelerate wound healing and prevent infections

Is: Actually the deepest form of Cellular Massage, which penetrates deeper than: Massage, Lazar or Shockwave

Is: Noninvasive, no sedation required

The FDA approves certified practitioner to use PEMF Therapy as a Wellness Tool.

We cannot provide therapy for individuals for these conditions:

- Medical Implants: Pacemaker or other electronic implanted device / can change programming
- Actively Bleeding: Post Surgery (check with Medical Practitioner) should be 2 weeks plus of healing prior to PEMF Therapy / PEMF will promote additional blood flow
- Prior Stroke / Must be on Blood Thinners to be considered
- Autoimmune Disease: immune system attacks healthy cells / PEMF will improve immune system dramatically
- Have: Epilepsy or any history of Seizures / not enough info here is known
- Pregnancy / not enough studies completed
- Recent Organ Replacement / the immune system may reject

**With PEMF THERAPY: recommend proper hydration for maximum benefits
Cell Phone or Credit Cards should be removed from immediate area**

Consult with your Medical Practitioner is recommended or in doubt. Medications will be multiplied up to 2 x due to increased blood flow and up to 2 x absorption of medication

No Medical Claims, Diagnosis, Promises of results or insinuations of “Treatment” or “Cure” being represented. No Medical instructions has been given or implied.

CONSENT, RELEASE, AND INDEMNITY AGREEMENT

This Consent, Release, and Indemnity Agreement ("Agreement") is entered into on this ____ day of _____, 20____, between **VALLEY In Home PEMF Therapy, Inc.**, ("Provider"), and the undersigned client, hereinafter referred to as "Client."

Client Information:

- Full Name: _____
- Date of Birth: _____
- Address: _____
- Phone Number: _____
- Email Address: _____

1. Purpose and Understanding:

Client understands and agrees that Provider offers Pulsed Electromagnetic Field Therapy (PEMF Therapy), a non-medical therapy, for the purpose of promoting relaxation, stress reduction, and overall well-being. Client acknowledges that PEMF Therapy is not a substitute for medical treatment, and any benefits derived from this therapy are not guaranteed.

2. Risks and Benefits:

Client acknowledges that PEMF Therapy may involve exposure to electromagnetic fields and energy, and while it is generally considered safe, there may be associated risks or side effects. Client is responsible for disclosing any medical conditions or concerns that may affect their ability to safely receive PEMF Therapy.

3. Consent:

Client voluntarily consents to receive PEMF Therapy treatment from Provider. Client acknowledges that they have been informed about the nature of PEMF Therapy, its potential benefits, and any potential risks.

4. Release and Waiver:

Client, on behalf of themselves and their heirs, personal representatives, and assigns, releases Provider and its employees, agents, and affiliates from any and all liability, claims, demands, and causes of action that may arise from or in connection with the provision of PEMF Therapy, including but not limited to any injury, discomfort, or unforeseen side effects.

5. Indemnification:

Client agrees to indemnify and hold Provider harmless from any claims, expenses, losses, or damages, including legal fees, arising from any third-party claims related to Client's receipt of PEMF Therapy.

6. Confidentiality:

Client's personal information and treatment details will be kept confidential, as outlined in Provider's Privacy Policy.

7. Governing Law:

This Agreement shall be governed by and construed in accordance with the laws of California. Any dispute arising from this Agreement or the services provided to Client by Provider shall be resolved exclusively by binding arbitration governed by the California Arbitration Act.

8. Entire Agreement:

This Agreement constitutes the entire understanding between Provider and Client and supersedes any prior discussions, understandings, or agreements. This Agreement governs all therapy provided to Client before and after the date of this Agreement.

9. Acknowledgment:

Client acknowledges that they have read and understand this Agreement, and they sign it voluntarily.

I agree to undergo PEMF Therapy, understanding that I do so under my own risk.

Client's Signature: _____ Date: _____

Printed Name: _____

VALLEY In Home PEMF Therapy, Inc.

Date: _____

By: _____

Peter Irvin, President