

# Release and Waiver of Liability Form

I am aware that removing the "drop down" safety feature on the WellnessPro 2010 Plus, manufactured by Electromedical Technologies, Inc, poses potentially serious risks of injury or death to its users. I also understand that the unit can become difficult to control under specific settings without this safety feature in place. I further understand that unexpected strong electro stimulation may present danger to me or anyone using the device.

By signing this release and waiver, I acknowledge that I have consulted with my doctor and received permission from my health practitioner to remove the "drop down" feature in the WellnessPro 2010 Plus. I also acknowledge that I have read the user manual for the WellnessPro 2010 Plus and fully understand all potential risks of using the device.

By signing below, I understand that I am giving up (waiving and releasing) any right I may have to seek any legal recourse or to make any subsequent claim against Electromedical Technologies, Inc and/or its affiliates as well as any employee of the company, associates, distributors and/or their families.

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Signature of WellnessPro user

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Printed name

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Date

**FAX FORM TO: 480.452.1518**