



Pre/Post Appointment Checklist

Pre

- Review contraindications list to make sure you are a good candidate.
- Drink 32 ounces of more of water finishing last glass 30 minutes prior to treatment.
- Avoid eating for 1 hour prior to treatment.
- Wear comfortable clothing such as yoga pants and top.
- Before & After photos will be taken at initial treatment and at the end of the series.

Post

- Drink 32 ounces or more of water within the first two hours of treatment.
- Avoid eating for 2 hours after treatment. Break your 2-hour fast with clean and easily digestible foods.
- AVOID ALL ALCOHOL - IT STOPS THE DETOX PROCESS AND HINDERS INCH LOSS.

To Amplify Results Immediately After Treatment

- Exercise within the first 2 hours such as walking, jogging or aerobic movement.
- Infrared sauna treatments can increase detox and support results.



HEALTH HISTORY FORM

Name: _____ Date: _____

Address: _____ Cell Phone: _____

DOB: _____

Age: _____ Height: _____ Weight: _____

In Case of Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Physician: _____ Specialty: _____

Address: _____ Phone: _____

Please Note: This form must be filled in and signed by the Customer wishing to begin a course of treatment. All treatments will be performed by fully trained operators using the recommended skin care products.

All the questions are answered truthfully by me and I understand that some conditions may be contraindications to receiving treatments. _____ BUSINESS NAME will therefore not accept any liability for injury or damages as a result of false information.

Are you currently under a doctors care? Yes No

If yes, explain: _____

When was the last time you had a physical examination? _____

Have you ever had an exercise stress test? Yes No Don't Know

If yes, were the results: Normal Abnormal

Do you take any medications on a regular basis? Yes No

If yes, please list medications and reasons for taking: _____

Have you been recently hospitalized? Yes No

If yes, explain: _____

Do you smoke? Yes No

Are you pregnant? Yes No

Do you drink alcohol more than three times/week? Yes No

Is your stress level high? Yes No

Are you moderately active on most days of the week? Yes No

Continued on next page...



HEALTH HISTORY FORM

continued...

Have parents or siblings who, prior to age 55 had:

- A heart attack? Yes No
- A stroke? Yes No
- High blood pressure? Yes No

Do you have:

- High blood pressure? Yes No
- High cholesterol? Yes No
- Diabetes? Yes No
- Blood clots or history of blood clots? Yes No
- Peripheral Artery Disease or PAD? Yes No
- High cholesterol? Yes No
- Known heart disease? Yes No
- Rheumatic heart disease? Yes No
- A heart murmur? Yes No
- Chest pain with exertion? Yes No
- Has your doctor ever said you have a heart condition? Yes No
- Irregular heartbeat or palpitations? Yes No
- Lightheadedness or do you faint? Yes No
- Unusual shortness of breath? Yes No
- Cramping pains in legs or feet? Yes No

- Emphysema? Yes No
- Other metabolic disorders (thyroid, kidney, etc.)? Yes No
- Epilepsy? Yes No
- Asthma? Yes No
- Back pain: upper, middle, lower? Yes No
- If yes, explain: _____

- Other joint pain? Yes No
- If yes, explain: _____

- Muscle pain or an injury? Yes No
- If yes, explain: _____

- Varicose veins? Yes No

Recent operation or illness in last 6 months? Yes No

If yes, explain: _____

Operation or illness in last year? Yes No

If yes, explain: _____

Is there any reason why you should not participate in physical activity? Yes No

To the best of my knowledge, the above information is true.

Signature _____

Date _____

Witness _____

Date _____



Media Release Form

I hereby give Confidence By Char, its legal representatives, and assignees and those acting with its permission, the right to copyright and/or use, reuse, and/or publish and republish images or video or written testimony of me in any advertising, promotion or public relations involving Confidence By Char, and its products without compensation. Due to printing, photographing and reproduction techniques, my image may be slightly distorted in character or form and I do not object to this.

I hereby waive any right to inspect or approve the finished picture, advertising copy or other matter that may be used in conjunction with image or video or written testimony of my experience or of me.

I hereby release, discharge and agree to save Confidence By Char, its representatives, assignees, employees, or any person acting with its permission, from and against any liability as a result or any distortion, alteration or use in composite form of my picture or video or written testimony.

NAME(please print): _____

ADDRESS: _____

E-MAIL ADDRESS: _____ DATE: _____

SIGNATURE (legal guardian's signature and relationship if applicable person is under 21):

 I have read this release before signing and fully understand the content, meaning and impact of this release.

INTERNAL USE ONLY EVENT:

SPECIAL NOTES:



WAIVER OF LIABILITY

This agreement releases Confidence By Char, _____ and any person performing the treatments from all liability relating to injuries that may occur during, before or after Confidence Sculpt treatments. By signing this agreement, I agree to hold Confidence By Char, _____ and the person performing treatment entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in body treatments. I have reviewed the contraindications listed on the back of this form and on medical intake form prior to treatment and I acknowledge that I am in good health and have no health conditions or any of the listed contraindications that would prevent me from treatments.

I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against Confidence By Char, _____ or any person performing treatment for ANY reason. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.

Signature _____ Date _____

Witness _____ Date _____



DISCLAIMER, TERMS & CONDITIONS

Confidence By Char Body treatments are a form of exercise using low level electrical current to cause mild muscle contractions. Exercise is not without its risks, and this or any other exercise program may result in injury. They include but are not limited to: risk of injury, aggravation of a pre-existing condition, or adverse effect of over- exertion such as muscle strain, abnormal blood pressure, fainting, disorders of heartbeat, etc. If you think you have a higher risk, before beginning this or any exercise program, please consult a healthcare provider for appropriate exercise prescription and safety precautions and to make sure you are healthy enough to receive Confidence By Char holistic body treatments. The treatments and advice here are in no way intended as a substitute for medical consultation. We disclaim any liability from and in connection with this program. As with any exercise program or body treatment if at any point you feel faint, dizzy, or have any physical discomfort, you should stop immediately and consult a physician.

I have read the above disclaimer and acknowledge the above terms and conditions.

Signature _____ Date _____

Witness _____ Date _____



Contraindications include but are not limited to:

- Pacemaker
- Epilepsy
- History of Seizures
- Metal Plates
- Pins in the Area of Treatment
- Diabetes (*ok with physicians approval*)
- Cancer (*ok with physicians approval*)
- Recent Surgery
- Blood Clots or a History of Blood Clots
- PAD or Any Symptoms of Poor Circulation
- Phlebitis/Thrombosis
- Spine Problems
- Pregnancy
- Recent Childbirth
- Any other medical problem that should require a physician's approval letter (*attached*)
- Do not use to treat muscular pain, atrophy, multiple sclerosis, etc. unless you are a licensed physician.

CONFIDENCE by Char™ Supplement Line

Fat Burner & Metabolism Booster



"i am confident" benefits:

- ▶ Patented ingredient Capsimax® has been shown to boost REE (resting energy expenditure)*
- ▶ Supports healthy WEIGHT MANAGEMENT.*
- ▶ Helps control appetite.*
- ▶ Supports the mobilization of fats for energy production.*
- ▶ Supports metabolic health.*
- ▶ Contains no harsh stimulants.*
- ▶ Contains antioxidants that may protect against cellular damage and may reduce inflammation in the body.*

"i am youthful" benefits:

- ▶ Peptides clinically tested to increase longevity, gut bacteria regeneration, activation of fibroblast growth factor receptors to normalize and stabilize cellular processes.*
- ▶ Promotes healthy, supple looking skin and hair.*
- ▶ Promotes strong, healthy muscles, tendons and ligaments.*
- ▶ Supports digestive health.*
- ▶ Contains CTGF: (Connective Tissue Growth Factors)- peptides that promote collagen accumulation in the body.*
- ▶ Contains EGF: (Epidermal Growth Factors)- polypeptide's that promote skin tissue growth and development as well as wound healing.*

Collagen, Hyaluronic Acid & Oligopeptide



"i am centered" benefits:

- ▶ May aid in hormonal balance.*
- ▶ May improve mood.*
- ▶ May support ability to deal with daily stress more effectively.*
- ▶ May support weight management.*
- ▶ May reduce effects of oxidative stress and cortisol levels.*
- ▶ Contains the worlds best ashwagandha known as KSM-66®. KSM-66® is the highest concentration, full spectrum ashwagandha on the market today drawn strictly from the roots.*

Hormone & Stress Support



CONFIDENCE by Char™

the brand behind every beautiful body
confidencebychar.com