



Helen Thornton Equine Sports Therapy & PEMF
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 Registered Member of the International
 Association of Animal Therapists

INFORMED CONSENT & PEMF THERAPY RELEASE FORM

Client/Patient Name:		Date of Birth if under 16:	
Name of Parent/Guardian (if under 16):			
Address & Postcode:	Contact email		
	Telephone:		

I hereby state that I am at least 16 years of age and have read, understand and agree to this Release Statement on behalf of myself or on behalf of a minor who am I legally authorised to give consent for, that it is an informed release and that I intend to be legally bound by it. I hereby request **Helen Thornton EST & PEMF** to provide Pulsed Electromagnetic Field Therapy [PEMF Therapy]. I understand that PEMF Therapy produces magnetic field energy, which passes freely through tissue for the purpose of cellular exercise to promote and support a sense of wellbeing. PEMF Therapy is not used for diagnosing. **Helen Thornton EST & PEMF is insured by Balens as a certified therapist to provide PEMF Therapy.**

Do **NOT** use **PEMF therapy** if:

- You have an implanted electronic device including: pacemaker, defibrillator, cochlear hearing device, etc.
- You are pregnant.
- You are actively bleeding.

Before beginning a PEMF Therapy session:

- Please remove all external metal (electronic or battery-operated devices, keys, wallets, metal belt buckles, cards with magnetic strips, such as credit cards and keys, jewellery, hearing aids, etc.)
- Inform your PEMF practitioner of the location of any metal implants you may have.
- Consult with a GP or specialist if you are unsure whether PEMF Therapy is right for you.

During your PEMF Therapy session:

If you experience any natural reactions such as nausea, headache, fatigue or any uncomfortable sensations, let your PEMF practitioner know right away.

I hereby release and indemnify Helen Thornton EST & PEMF against any and all liability or claims arising out of, or related to, my use of the PEMF Therapy.

NAME: Date:
Please Print

SIGNATURE: