



Liability Waiver for Human Regenerator Power Jet & Cold Atmospheric Plasma Therapy
WellGen (trading name for KVM Wellness Limited)

Full Name: _____
Date of Birth: _____
Address: _____
Phone Number: _____
Email: _____
Emergency Contact: _____
Emergency Contact Phone: _____

What is the purpose of your visit?

☐ Overall wellness ☐ Specific reason

If specific reason, please describe:

Are you pregnant or is there a chance you could be pregnant? ☐ YES ☐ NO

Implanted Electronic Devices:

Please tick the box below to confirm that you do not have any implanted electronic devices such as hearing aids, pacemakers, or similar devices:

☐ I confirm that I do not have any implanted electronic devices.

Liability Waiver: I, _____, hereby acknowledge that I have completed this questionnaire truthfully and to the best of my knowledge. I understand that the Human Regenerator Power Jet & Cold Atmospheric Plasma Therapy provided by WellGen is intended for general wellness purposes and is not a medical treatment.

I am aware that the therapy involves the use of Cold Atmospheric Plasma, and while WellGen takes all necessary precautions to ensure safety, there are inherent risks associated with any treatment. I agree to follow all instructions provided by WellGen and its staff during the therapy session.

I understand that the therapy is not suitable for individuals with implanted electronic devices, and I have truthfully disclosed all relevant information in this questionnaire.

I hereby release WellGen, its employees, and affiliates from any liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, injury, or expense that may occur as a result of or in connection with WellGen, Human Regenerator Power Jet & Cold Atmospheric Plasma Therapy. By signing below, I acknowledge that I have read and fully understand the contents of this Liability Waiver and Questionnaire.

☐ I agree to receive updates, offers, and wellbeing information from WellGen by email. You can unsubscribe at any time.

Signature: _____ Date: _____