

NOTICE AND WAIVER

Contraindications for CelluSleek:

The client must have physician's written consent if any of the following diagnoses are present:

1. Deep vein thrombosis (phlebitis)
2. Recently diagnosed cancer
3. Pregnancy
4. Hemophilia (free bleeder)
5. Uncontrolled high blood pressure

Please be aware of the following and advise your technician if you are currently experiencing any of the following:

1. High fever  
Note: stimulating infection of any type while active in the blood stream could exacerbate symptoms
2. Dermatitis  
Note: rashes, open wounds etc. Treat around these areas but don't apply the hand piece directly
3. Vericosities  
Note: treat around these areas but don't apply the hand piece directly on the vericosities.

In addition, we recommend the following to enhance your results:

1. Strength training. This will encourage more aggressive movement of the lymphatic vessels through muscular contraction.
2. Drink a lot of water before and after each session. Because the treatment will dislodge toxins, nausea and headaches rarely result. By staying hydrated, you reduce the likelihood of these side effects.

What to expect during your treatment regimen.

Typically sessions 1-5 will result in the most dramatic inch loss due to the movement of bulky toxins out of the body which result in circumference reduction. Sessions 6-11 you should begin to notice the smoothing out of the appearance of cellulite due to increased collagen in the skin. The increase in collagen acts as a network in the skin compressing the fat cell and creating a smoother appearance. Sessions 11+ will result in increased tightening of the skin due to increased elastin presence in the skin.

These are typical results. All clients will vary.

I understand the foregoing and agree to keep my technician informed of any and all changes in my health. I also agree to share any concerns with my technician concerning treatment continuity, length and effectiveness as well as aesthetic changes or my perception of lack thereof. I also understand that if my cardiovascular vessels are weak due to congestion, I may experience bruising. I further acknowledge that if I am extremely congested I may experience moderate or extreme discomfort and I will communicate this to my technician so that an alternative technique can be used that will be significantly more comfortable. I understand that should I have concerns that aren't being addressed by my technician or CelluSleek center I have the right to contact CelluSleek corporate directly through the contact form on CelluSleek.com. CelluSleek does not guarantee results and all results will vary based on the individual.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tech signature: \_\_\_\_\_ Date: \_\_\_\_\_