



## Customer consent of My-Fit PERSONAL TRAINING CENTER

Name and surname, date of birth:

E-Mail, Telephone:

- How did you hear about us: From family / friends. From the Internet. Other: (short information)

### **Read the following conditions carefully before training with EMS technology:**

- If you feel unwell, dizzy or have tightness in your chest or heart area, stop training and report the ailment to the trainer.
- Do not switch or disconnect the electrode cables while the device is running. Before changing or disconnecting cables, always stop the program and switch off the appliance, otherwise there is a high risk of injury.
- Do not place the electrodes in places where the skin is damaged (wounds, inflammations, burns, itching, eczema, etc.).
- If you feel hot or uncomfortable with your skin during training, stop training immediately and report the problem to the coach. Otherwise there is a high risk of injury.
- The limbs to be trained must be left in isometric tension, controlled by the trainer.
- Drink water before, during and after training. Take short breaks (min 30 sec.) And drink at least 0.25 l of water, our trainers will be there for you to remind you about it.
- A balanced meal is recommended at least 4 hours before training.

### **Contraindications (Training must take place with the consent of the doctor)**

- Epilepsy,
- Mental illness (schizophrenia),
- Heart disease
- Hypertension,
- Cardiac pacemaker,
- Hyperthyroidism, uremia, etc.,
- Pregnancy,
- Severe haemophilia,
- Abdominal hernia,
- Cancer,
- Thrombosis or a tendency to blood clots (thrombophilia, problems with blood clotting),
- Severe neurological diseases,
- Diabetes
- Tuberculosis,
- Diseases causing fever, acute bacterial and viral inflammation,

I take full responsibility for the effects of training resulting from undetected diseases. By signing this consent, I acknowledge that I have read and fully understood the above information. At the same time, I declare that I do not suffer from any disease, otherwise I can only benefit from EMS training after careful research and with the approval of the doctor.

Date signature \_\_\_\_\_