



MOVE WITH
TECHNOLOGY

Your Safety is our Priority

E-Fit Whole-Body Electrical Muscle Stimulation (WB-EMS) training and treatment sessions are serving millions and millions of clients, worldwide.

E-Fit can create deep and complex muscle contractions result in an intense and effective workout by using an external artificial stimulus. Since your safety is our priority, we would like to ensure that your health condition is suitable for E-Fit training or treatment sessions.

The following informative pages is a quick checklist related to your health condition. Please read it carefully and sign on the marked pages.

Thank you for your cooperation!

For more information, please ask your E-Fit Trainer.

Declaration

I, the undersigned _____ (e-mail: _____, phone number: _____) hereby declare to participate in the E-Fit whole-body Electrical Muscle Stimulation (WB-EMS, hereinafter referred to: 'EMS') training voluntarily, solely on my own responsibility, and in full awareness of my responsibility I make the following declarations:

- I declare that I have learned all the principles of the EMS training method and to be given thorough information on the grounds for exclusion and contraindications of the EMS training.
- After reading carefully the sheet of Warnings - in regard with EMS training – as an inseparable part of the present Declaration, in the view of which and concerning both my health and physical, and my mental status I declare myself to be fit for participating in the EMS training and treatment and not being aware of any persistent grounds for exclusion and/or contraindications.
- I acknowledge that EMS training and treatment shall only be used in a healthy condition, since excessive exercise and physical strain may be inherently dangerous to health, therefore any physical limitations, disability, illness and impaired health of mine may affect the efficiency of the training and/or the treatment. Should I be or should become - after signing the present Declaration - a subject to any kind of medical treatment that may influence participating in the EMS training hereby, I declare to inform the E-Fit trainer conducting the training session immediately thereof. I undertake by signing the present Declaration that in case any change may occur in my health, physical and/or mental state in the future which is considered to be a ground for exclusion and/or considered as a contraindication, I declare to properly inform my physician about participating in the EMS training and the physical strain caused by the EMS training, and based on the instructions given, I will either refrain from participating in the EMS training or I will only participate with the proof of approval given by my physician, otherwise, I will participate in the training sessions on my responsibility.
- Should I participate in the EMS training/treatment despite to any concealed or not yet diagnosed reason(s) for exclusion and/or contradiction(s), I declare and accept that I shall not hold neither Fit-Pro Kft. as the manufacturer, nor the E-Fit trainer liable for any personal side effects, adverse consequences, lesions, deterioration in my condition, and shall not demand any compensation from them for the damage I may have suffered.
- I undertake fully adhering to the instructions of the E-Fit trainer regarding the safety of the EMS training and to follow the instructions of the E-Fit trainer regarding the starting and ending of the exercises. Hereby, I acknowledge to inform the E-Fit trainer immediately in case an exercise exceeds my general fitness level or preparedness during the training, or in case an exercise may seem strenuous for me, and that I shall immediately inform E-Fit trainer if any kind of unusual feelings, induced effects or consequences may arise during or after the training session, and if necessary, I will consult a physician. Furthermore, I also acknowledge that the trainer is obliged to stop the muscle stimulator when an unusual feeling or consequence arises during the EMS training.

- Should I cause any damage either intentionally or negligently in the E-Fit devices or in any other equipment in the E-Fit EMS Studio as a result of non-compliance with the safety instructions of the trainer, that case I shall bear the full legal and financial liability for these consequences.
- Having regard to the fact that the EMS training method may have – currently unknown - intrinsic risks accordingly, I declare that I participate in the EMS training(s), treatment(s) entirely on my own responsibility. I acknowledge that muscle fever and skin sensitivity could appear as a secondary effect as a result of using the EMS training. I accept that the EMS training does not directly affect lipolysis, therefore to achieve a positive result I should follow the personalized training plan and diet as well.
- I acknowledge that I can only participate in the EMS trainings if I am not under the influence of either alcohol and/or drugs, or any other intoxicating agents, and/or mind-altering drugs and medication and I should be in a properly relaxed condition in order to avoid any possible injuries.
- I declare that I have read the Data Protection Policy of Fit-Pro Kft. by signing this declaration and hereby, I give my consent my personal data being controlled and registered in relation to the EMS training and in compliance with the effective legislation.

Hereby, I agree that the personal data containing my results achieved during the EMS training, to be used by Fit-Pro Kft. for statistical and marketing purposes after their anonymization. (please mark with an X)

Hereby, I agree that the personal data containing my parameters measured during the condition survey, to be used by Fit-Pro Kft. for statistical and marketing purposes after their anonymization. (please mark with an X)

Hereby I give my consent photos and/or videos to be taken of me during the EMS trainings which I may participate in, and these recordings to be published on the social media surfaces (Facebook, Instagram) of Fit-Pro Kft. for serving the marketing interest of Fit-Pro Kft. (please mark with an X)

I declare on my own responsibility to be fully aware of and fully understood the content of the present declaration and the sheet of Warnings, and I accept to be bounded by these obligations by signing the present declaration.

Place:

Date:

Signature

INFORMATION

CONTRAINDICATIONS

from the use of the EMS training

It is **FORBIDDEN** to begin the training or treatment with electric muscle stimulation (EMS) in the following cases of diseases or conditions below:

- ⚠ The use of E-Fit WB-EMS device is forbidden in case of people having certain **implanted medical devices (e.g., a pacemaker, an implanted defibrillator, an implanted metal implant)**.
- ⚠ The use of E-Fit WB-EMS device is forbidden in case of severe **cardiovascular diseases (e.g. severe heart-or aortic disease)**.
- ⚠ The use of E-Fit WB-EMS device is forbidden in case of severe **neuromuscular disorder - a disorder affecting the nervous system and the muscles (e.g. rhabdomyolysis, or other diseases with rapid breakdown of muscle structure)**.
- ⚠ The use of E-Fit WB-EMS device is forbidden in case of **medication-controllable or medication-non-controllable convulsions (e.g. epilepsy)** and in the case of other severe neurological disorders.
- ⚠ The use of E-Fit WB-EMS device is forbidden in case of any type of **cancer (e.g., breast cancer)**.
- ⚠ The use of E-Fit WB-EMS device is forbidden in case of a severe **nephrological (kidney) disease**.
- ⚠ The use of E-Fit WB-EMS device is forbidden in case of the risk or existence of **internal bleeding**.
- ⚠ The use of E-Fit WB-EMS device is forbidden in case of **non-intact skin**, for example on **open wounds or on irritated, inflamed, red, infected and oedematous skin surface** (e.g., healing scars, bedsores, burn scars, eczema, deep vein thrombosis, venous inflammation, vasculitis) or in the vicinity of the concerned area.
- ⚠ The use of the E-Fit WB-EMS device is forbidden in case of **planned or already diagnosed pregnancy**.
- ⚠ It is forbidden, to take part in **intensive trainings for two days after E-Fit EMS training**, as the combined strain might be harmful.

WARNINGS

before the use of EMS

In the following cases, you must CONSULT your physician and obtain APPROVAL before beginning E-Fit WB-EMS training or treatment. Any other unusual, abnormal physical condition or symptom also requires medical consultation, even if not listed here.

- ⚠ In case of implants (e.g. implanted silicone or other implants, gynaecological implants)
- ⚠ In case of less severe cardiovascular diseases (e.g., hypertonia, susceptibility to myocardial infarction or significant fluctuations in blood pressure)
- ⚠ After surgery or medical interventions.
- ⚠ In case of chronic diseases or fever.
- ⚠ In case of diabetes.
- ⚠ In case of sensitive skin, skin diseases and insensitive skin surface - E-Fit WB-EMS training can only be carried out in case of clean, properly hydrated (but not right after using body lotion) and healthy skin surface.
- ⚠ During period or menstrual cramps.
- ⚠ In the case of clinically severe, morbid obesity or physical inactivity.
- ⚠ During a period of medical treatment.

Furthermore:

- ⚠ Under the age of 18 E-Fit training sessions and treatments can only be used with parental consent or medical permission.
- ⚠ Electrical muscle stimulation may not be carried out at the neck region or its immediate vicinity.
- ⚠ Electrical muscle stimulation may not be carried out at painful areas or their immediate vicinity.
- ⚠ Electrical muscle stimulation should not be used together with other electrical measuring instruments applied near or on body surface (e.g. pulseimeters).

I acknowledge that the long-term use of the electronic muscle stimulation and the **negative effects of that on the human body are not known.**

Place:

Date:

Signature