

Statement of Contraindications

Dear patient;

If the following acute conditions exist, **DO NOT** UTILIZE Dry-Hydrotherapy:

- Any infectious or Communicable disease – Examples include influenza, colds, bronchitis and Tuberculosis;
- Skin problems – Such as rashes, eczema and severe Acne;
- Any acute (sudden, severe onset) Inflammatory response – Symptoms include fever, heat, loss of function, redness and swelling ;
- Acute or Unstable Injuries or Fractures (broken bones);
- Acute or Unstable Diseases or Medical Conditions – Include uncontrolled Blood Pressure, unstable Cardiac or Neurological conditions, acute second or third-degree burns, or a high risk or unstable pregnancy;
- Thrombosis – The presence of blood clots or clotting conditions, or within a few days after a major trauma;

Massage contraindications should be used as a guideline. Patients suffering from heart or circulatory problems; inflammatory conditions such as Phlebitis; Varicose Veins or Thrombosis; swollen joints, acute inflammation, severe bruising, skin infections, contagious diseases, high temperature or pain radiating to the arms or legs when back is massaged should get Dr. Mark Armbruster's approval prior to use.

General release

For valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned ("Releasor") does hereby remise, release, and forever discharge Dr. Mark Armbruster dba Colorado Vitality Center ("Releasee"), maintaining an address at 5921 Middlefield Road, Littleton, Colorado 80123. Releasee's agents, servants, successors, heirs, executors, administrators and personal representatives, of and from all, and all manner of, actions, causes of action, suits, proceedings, debts, dues, contracts, judgments, damages, claims, and demands whatsoever in law or equity, which Releasor ever had, now has, or which Releasor's heirs, executors, administrators or personal representative hereafter can, shall, or may have for or by reason of any matter, cause, or thing whatsoever, from the beginning of time to the date of the execution of this release.

In WITNESS WHEREOF, I have read and understand the above statement of Contraindications and General Release Agreement,

Whereby I execute this Release on this day of _____

Date

(Signature of Releasor)

(printed Name of Releasor)