ELECTRICAL STIMULATION CONSENT & RELEASE

This Consent & Release applies to the use of electrical stimulation devices and modalities provided or facilitated by Forged Kinetics, LLC ("FK") as part of in-person training services. This includes, but is not limited to, the Neubie (neuromuscular electrical stimulation using direct current), Transcutaneous Electrical Nerve Stimulation (TENS), Neuromuscular Electrical Stimulation (NEMS), and any other electrical stimulation device or modality introduced by FK now or in the future. This document supplements and does not replace the FK In-Person Services Waiver.

DEVICE DESCRIPTIONS

Neubie (Neuromuscular Electrical Stimulation – Direct Current): The Neubie is a proprietary device developed by NeuFit that delivers direct current (DC) electrical stimulation to target neuromuscular function, movement re-education, and recovery. It differs from standard TENS/NEMS devices in its use of DC current and specific waveform technology.

TENS (Transcutaneous Electrical Nerve Stimulation): TENS devices deliver low-voltage alternating current electrical impulses through the skin to stimulate nerve pathways. Commonly used for pain modulation and muscle activation.

NEMS (Neuromuscular Electrical Stimulation): NEMS devices deliver electrical impulses to stimulate muscle contractions. Used for muscle activation, strength training support, and neuromuscular re-education.

Future Electrical Stimulation Devices: This consent applies to any additional electrical stimulation devices or modalities within the same general category that FK may introduce as part of its services.

CONTRAINDICATIONS SCREENING – PLEASE ANSWER ALL QUESTIONS

The following conditions may be absolute or relative contraindications to electrical stimulation. Answer truthfully. FK reserves the right to decline use of electrical stimulation based on your responses.

1. Do you have a pacemaker, implantable cardioverter-defibrillator (ICD), or any other implanted electrical device? ☐ Yes ☐ No
2. Do you have any metal implants, surgical hardware, or implanted medical devices at or near the intended treatment area? ☐ Yes ☐ No
3. Do you have a history of epilepsy or seizure disorders? ☐ Yes ☐ No
4. Are you currently pregnant or suspect you may be pregnant? ☐ Yes ☐ No
5. Have you been diagnosed with active cancer or are you currently undergoing cancer treatment? ☐ Yes ☐ No
6. Do you have a history of deep vein thrombosis (DVT) or blood clots? ☐ Yes ☐ No
7. Do you have any open wounds, skin irritation, rashes, or broken skin at or near the intended treatment area? ☐ Yes ☐ No

8. Do you have any areas of reduced or absent sensation (numbness) at or near the intended treatment area? ☐ Yes ☐ No

9. Do you have a history of heart disease, cardiac arrhythmia, or uncontrolled hypertension? ☐ Yes ☐ No

10. Do you have a history of stroke or transient ischemic attack (TIA)? ☐ Yes ☐ No

11. Do you have any implanted drug infusion pumps or neurostimulators? ☐ Yes ☐ No

12. Do you have known hypersensitivity or allergy to electrical stimulation or electrode adhesives? ☐ Yes ☐ No

13. Are you currently taking blood thinners or anticoagulant medications? ☐ Yes ☐ No

14. Have you had any recent surgery within the past 6 months? ☐ Yes ☐ No

15. Do you have any other medical condition not listed above that a healthcare provider has advised may be affected by electrical stimulation? ☐ Yes ☐ No

If you answered YES to any of the above, please provide details below:

I acknowledge that I am solely responsible for disclosing accurate and complete medical information and that failure to do so may increase risk of injury or adverse event.

ASSUMPTION OF RISK & INFORMED CONSENT

Participation in electrical stimulation is voluntary. I may decline or discontinue use at any time. I understand that the use of electrical stimulation devices involves inherent risks, including but not limited to:

- Skin irritation, redness, or burns at electrode sites
- Muscle soreness, fatigue, or involuntary muscle contractions
- Dizziness, lightheadedness, or nausea
- Tingling, discomfort, or altered sensation during or after use
- Headache or localized pain
- Aggravation of pre-existing conditions
- Cardiovascular stress in susceptible individuals
- Adverse reactions not listed above that may be unique to my health status

I understand that FK trainers are not physical therapists, physicians, or licensed medical providers, and that electrical stimulation administered by FK is for general fitness and recovery purposes only and does not constitute medical treatment, diagnosis, or physical therapy, and is not a substitute for medical care. I have been given the opportunity to ask questions about the devices and their use.

RELEASE OF LIABILITY

To the fullest extent permitted by applicable law, I expressly release and discharge Forged Kinetics, LLC, its owners, officers, employees, contractors, agents, volunteers and affiliates ("Releasees") from any and all claims arising from the use of electrical stimulation devices and modalities, including claims resulting from ordinary negligence. I knowingly and voluntarily assume all risks, whether known or unknown, associated with electrical stimulation use and agree to immediately notify my trainer of any discomfort, adverse reaction, or concern during use. I understand that by signing this document, I waive my right to sue FK for ordinary negligence arising from electrical stimulation use. This release does not apply to gross negligence, willful misconduct, or intentional acts.

LOCATION OF USE

This consent covers wherever FK or its trainers are physically present—FK facilities, partner gyms, client homes or residences, apartment/common areas, outdoor locations, and any location where FK provides electrical stimulation services, whether owned, leased or controlled by FK or not. When services are provided at locations not owned or controlled by FK, I accept responsibility for ensuring a safe environment and for immediately disclosing any environmental factors that may affect the safety of electrical stimulation use.

NO GUARANTEE OF RESULTS

I understand that no specific results or outcomes are guaranteed from the use of electrical stimulation devices. I understand that marketing materials referencing electrical stimulation or the Neubie device are informational only and do not constitute medical claims or guarantees of specific outcomes.

ACKNOWLEDGMENT

I certify that the information provided in this form is complete and accurate to the best of my knowledge. I have read and understand this Consent & Release, have had the opportunity to ask questions, and am signing voluntarily. I understand this document supplements my previously signed FK In-Person Services Waiver and both documents apply to my participation. I understand that I am waiving certain legal rights, including the right to sue for ordinary negligence, and I sign voluntarily and of my own free will.

Printed Name of Client

Date

Signature of Client

Printed Name of Parent/Guardian (if under 18)

Date

Signature of Parent/Guardian (if under 18)

Printed Name of Representative from Forged Kinetics, LLC

Date

Signature of Representative from Forged Kinetics, LLC