LIGHT THERAPY WAIVER, INFORMED CONSENT & SESSION FEEDBACK

I understand that demonstrators are not licensed physicians and are unable to cure, diagnose, mitigate, prevent, or treat conditions. Services provided by the demonstrator are for pain reduction and increased circulation.

For the diagnosis and treatment of any disease, consult a licensed Physician.

Light therapy should not be used as a replacement for medical treatment from a licensed physician or other healthcare provider. I have been informed that light therapy is generally safe. While side effects are not common, if they do occur, they're usually mild and short lasting. They may include:

- Increased sensation, itching, or pain to the treated area due to increased circulation.
- Elevated temperature, skin irritation or uncomfortable warmth on the treated area due to increased circulation.
- Eyestrain / Headache

LED light therapy is the process in which certain colors of light are used to trigger naturally occurring physiological processes in the body, including cellular healing and nitric oxide release.

LED light therapy is non-invasive, non-abrasive.

Do any of the following conditions apply to you:

Pregnant or Breastfeeding?	○ N/A	○ Yes	○ No
Epilepsy / Seizures?		○ Yes	○ No
Active Carcinoma?		○ Yes	○ No
Malignant Tissue?		○ Yes	○ No
Hemorrhaging?		○ Yes	○ No
Active Bleeding?		○ Yes	○ No
Infectious Disease(s)?		○ Yes	○ No
Sensitivity to Light?		○ Yes	○ No
Taking Blood Thinners?		○ Yes	○ No
Taking Nitrates?		○ Yes	○ No
Undergoing Chemotherapy?		○ Yes	○ No

**If you answered yes to any item listed above, you must get approval from a licensed physician prior to demonstration or use of the device.*

No client information will be disclosed to anyone outside of the demonstration without written consent from the client, unless required by law.

This agreement is made upon the express condition that the demonstrator and device manufacturer shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury, or death to any person or property of the client while in or upon said premises of services given or any part thereof during sessions of this agreement in connection herewith, and the client hereby agrees to hold harmless the demonstrator and device manufacturer from all liabilities, charges, expenses and costs on account of or by reason of any such injuries, deaths, liabilities, claims, suits, damages, or losses however occurring out of each session.

By signing below, I agree that the information I have been provided is accurate to the best of my knowledge. **I have read and understand all above information, and give my full consent to receive light therapy from the demonstrator.** I acknowledge that this consent is given of my own free will and conscience, with no outside sources affecting my decisions, and that any questions have been answered by the demonstrator.

PLEASE PRINT

FIRST & LAST NAME

HOME PHONE | MOBILE PHONE

EMAIL

SIGNATURE X | DATE

To be signed by parent/guardian if the participant is under 18 years of age.

I, the undersigned parent and/or legal guardian, affirm that I am freely signing this agreement. **I have read this form completely and fully understand that by signing this form I am giving up legal rights** and/or remedies which may otherwise be available to myself, the minor participant regarding any losses the participant may sustain as a result of participation out of each session.

FIRST & LAST NAME OF MINOR | AGE OF MINOR

FIRST & LAST NAME OF PARENT / GUARDIAN

HOME PHONE | MOBILE PHONE

EMAIL

SIGNATURE OF PARENT / GUARDIAN X | DATE

SIGNATURE OF WITNESS X | DATE

POST-SESSION FEEDBACK

Please share your experience from the light energy session.

In Light
WELLNESS SYSTEMS

5601 Midway Park Place NE, Albuquerque, NM 87109
505.404.7130 • ILWSYSTEMS.COM

Check all that apply! Tell us how you feel after your session:

○ Relaxed ○ Energized ○ Happier ○ Less Pain ○ Lighter Feeling ○ Symptoms have shifted
○ I would like to learn more about light energy. ○ I'm interested in a follow up session.

○ **My friends and/or family members need to try this!** Please provide me a referral practitioner for:

FIRST & LAST NAME PHONE	FIRST & LAST NAME PHONE
FIRST & LAST NAME PHONE	FIRST & LAST NAME PHONE
FIRST & LAST NAME PHONE	FIRST & LAST NAME PHONE
FIRST & LAST NAME PHONE	FIRST & LAST NAME PHONE

○ **I love to help others,** and know a few people who may benefit from light energy.
I would like to **Host a presentation at my:** ○ Home ○ Office

Thank You!