



RED LIGHT THERAPY WAIVER AND DISCLAIMER

Name: _____ DOB: _____

Address: _____

E-mail: _____ Phone: _____

Emergency contact name/phone: _____

Health problems that are contraindicated for Red Light therapy:

- Malignant cancers
- Recent burns
- Hyperthyroidism
- Epilepsy
- Pregnancy
- Use of Photosensitizing medications
- Eye diseases
- Light Sensitivity
- Fever/infection
- Systemic Lupus Erythematosus (SLE)
- Severe blood loss/bleeding

I _____ understand all outcomes may vary from one client to another based on the number of times/weeks attended or other factors. I understand that I may have adverse effects, including normal detoxification reactions. I release Holistic Harmony and all staff from any/all liabilities and will not hold them accountable for any benefits that were not achieved through this therapy.

I understand that if I have any of the above listed health related problems that I am not a good candidate for red light therapy and will not be able to participate. By signing this waiver, I am hereby attesting that I do not have any of the above-listed health conditions and agree to stop if any of these health concerns start at any time.

I understand that special safety glasses will be given to me for each session, and they must be kept on throughout the whole session to protect the eyes from the extremely bright LED lights.

Signature: _____ Date: _____