Red Light Therapy Waiver

Name: _____ Date of Birth: _____
Business Name (if applicable):_____
Street Address: _____
City/State/ZIP: _____
Home Phone :(____)_____ Business or Cell Phone (____)_____
Email: _____
Emergency Contact Name _____ Phone (____)_____

Red Light Therapy, also known as low-level laser therapy (LLLT), uses low energy light emitting diodes (LEDs) to stimulate cell function. The Red light penetrates the skin to a depth of 8-10mm. Once absorbed, the light energy is converted to cellular energy. Certain wavelengths of light enhance the functioning of mitochondria, which takes in nutrients, breaks them down and creates energy molecules for the cell. This improves the functioning of the whole cell which results in kicking off a whole series of metabolic events such as, improved healing, the reduction of inflammation, enhanced production of collagen and elastin, increased circulation and the formation of new capillaries and increased activity in the lymph system.

People who should **not** use Red Light Therapy include:

- Women who are pregnant
- People with active cancer
- People with light sensitive medical conditions

I understand that the RLT I receive is provided for healing on a cellular level. If I experience any pain or discomfort during this session, I will immediately inform the practitioner. I further understand that RLT should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician,or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.
MonroeWellness No Show - 24 Hour Cancellation Policy: I understand that if I fail to reschedule or cancel any appointments prior to 24 hours of scheduled appointment time, or if I do not show up for my appointment- I will be required to pay for missed/late canceled appointment, and will need to put a credit/debit card on file for future appointments to be able to schedule.

Name Printed: _____
Signature: _____ Date_____