



Red-Therapy Waiver

There are many ways in which light is used to affect the human body, from strobe lights to tanning beds. It can also be used to heal. One Red Light Therapy is 100% natural, chemical-free and drug-free medium to combat the signs of aging. One of the more recent developments in light treatments is red light therapy. It is a painless, non-ablative and non-invasive procedure. All you need is to bask under the light and let it help produce fibroblasts and collagen to correct signs of skin aging. It does not damage the skin and it requires zero downtime. All you need is 20 minutes and you can go about your day, apply makeup, go to work or go out with your friends without having to worry that your skin will look terrible. This light therapy is safe for all skin types and has no known adverse side effects.

Understand How the Red Light Therapy Works:

Red light has the longest light waves of any colored light. **This means it penetrates deeper into the skin.** As such, you will feel a slight warming of the skin that is being treated

.Be aware that red light therapy does not offer immediate resolution. However, with regular treatments, users should see improvements after 30 days or so.

Skin Preparation:

Remove any makeup or other skin products before using red light therapy. Do not leave any products on your skin. (You can moisturize after the treatment is complete.)

Are you/do you currently take any of the following (Please circle all that apply):

Pregnant/Breastfeeding: Yes No
Active Bleeding: Yes No
Low Blood Pressure: Yes No
Infectious Diseases: Yes No
Epilepsy/Seizures: Yes No
Sensitivity to Light: Yes No

Active Carcinoma: Yes No
Taking Blood Thinners: Yes No
Malignant Tissue: Yes No
Taking Nitrates: Yes No
Hemorrhaging: Yes No
Undergoing Chemotherapy: Yes No

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

By signing below, I agree that information I have 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 staff. 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 Serenity Waters staff.

Print Name: _____

Phone Number: _____

Date: _____

Client Signature: _____