

THE QUEENS INSTITUTE FOR SKIN DISEASE AND ANTI-AGING

RED LIGHT AND PEMF THERAPY AGREEMENT AND CONSENT FORM

CLIENT INFORMATION

First and Last Name : _____

Date of Birth:

Month/Day/Year _____

Phone: _____ Email: _____

PLEASE READ CAREFULLY, UNDERSTAND AND INITIAL THE FOLLOWING:

Initial

_____ Always wear protective eyewear, Failure to wear protective eyewear may result in burns or long-term injury to the eyes.

_____ You should prepare your skin for your session prior to your arrival. For optimal results, skin should be free of deodorant, make up, fragrance, oils and lotions and remove all jewelry.

_____ Certain medications or cosmetics may increase your sensitivity to red light or PEMF therapies.

_____ If you are pregnant or nursing, we suggest consulting your physician before using red light or PEMF therapy.

_____ For optimal results recommended therapy schedules are 3-4 days per week, for 4-6 weeks. After the initial treatment schedule, it is recommended to continue 1-2 days per week.

_____ For PEMF only (electromagnetic fields): I am not able to have a PEMF treatment if I am pregnant or if I have a pacemaker. I will remove all battery operated and electronic devices, key fobs, and cards with magnetic strips from my person before using the PEMF device. I understand that the PEMF machine has the capacity to permanently deactivate these items. I will not hold Queens Health Centre, or any of its employees accountable should any of these items be damaged by use of the PEMF.

_____ After treatments sit up slowly to prevent dizziness. I understand that red light and PEMF therapy is not intended to take the place of medical care or medications. I have no medical condition which would prohibit me from using red light and PEMF therapy. Contraindications are active cancer, lupus, photosensitivity, seizures, and pregnancy. I acknowledge that the results of red light and PEMF therapy do vary, and that no guarantee of specific results are offered or implied. Queens Health Centre and Wellness Spa will not refund or credit any amount of money because of a client's dissatisfaction with their results. I have been given adequate instructions for the proper use of the equipment, understand the risks involved, and use it at my own risk. I hereby agree to release and indemnify the Queens Health Centre and Wellness Spa, its owners, operators, and manufacturers from any damages that may arise from the use of red light and PEMF therapies. I have reviewed and completely understand all the information in this consent and agreement form.

Signature: _____

Date: _____

IF THE CLIENT IS UNDER THE AGE OF 18 YEARS OF AGE: As Parent/Legal Guardian of the above listed client, I acknowledge that I have read and fully understand the safety standards and warnings provided to me by the Queens Health and Wellness Spa and thereby authorize the consumer named above to use red light and PEMF therapies. I acknowledge that I have read and completely understand this consent and agreement form, and agree to the above waivers of liability, recommendations, and terms. I attest that I have provided accurate age, identity, and relationship verification.

Parent / Guardian Signature: _____

Date: _____