**Restoration Wellness Red Light Therapy Waiver and Release Form**

**Client Information:**
- Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_
- Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Red Light Therapy Overview:**Welcome to Restoration Wellness! We are thrilled to offer Red Light Therapy, a cutting-edge treatment designed to promote healing and rejuvenation. This non-invasive therapy utilizes low-level wavelengths of red light to penetrate the skin and stimulate the potential for cellular repair, enhance collagen production, reduce inflammation, and improve overall skin health. Red Light Therapy is known for its potential benefits in pain relief, skin rejuvenation, and muscle recovery.

**Waiver and Release:**By signing this waiver, I acknowledge and agree to the following:

- My participation in Red Light Therapy is voluntary, and I understand that I can discontinue the treatment at any time if I feel uncomfortable.

- I have disclosed all pertinent health information to the practitioner, including medical conditions, medications, or allergies that could impact my participation in this therapy.

- I understand that Red Light Therapy is not intended to diagnose, treat, cure, or prevent any medical conditions. It is not a substitute for medical care or therapy.

- I have been informed about the nature of Red Light Therapy and the procedures involved, and I have had the opportunity to ask questions about the treatment.

- I acknowledge that while Red Light Therapy is generally considered safe, individual results may vary, and I assume all risks associated with the therapy.

- I hereby release and hold harmless Restoration Wellness, its practitioners, employees, and agents from any claims, liabilities, damages, or expenses arising from my participation in Red Light Therapy, including any injuries or adverse effects that may result.

- I understand that my personal health information will be kept confidential and will only be shared with my consent or as required by law.

- By signing below, I confirm that I have read and understood this waiver and release form in its entirety and that I agree to the terms and conditions outlined herein.

**Client Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for choosing Restoration Wellness for your journey to improved health and vitality. We are excited to support you in achieving your wellness goals!