



RED LIGHT BED/LED FACIAL LIGHT AGREEMENT AND CONSENT FORM

CLIENT INFORMATION:

Name (First & Last): _____ DOB: _____

E-mail (Optional): _____

PLEASE READ, UNDERSTAND, AND INITIAL THE FOLLOWING:

_____ 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, fragrances, oils, and lotions.

Remove jewelry.

_____ Certain Medications or cosmetics may increase your sensitivity to the red and/or LED light.

_____ If you are pregnant or nursing we suggest consulting your physician before using LED light 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.

_____ After treatments sit up slowly to prevent dizziness. I understand that LED light therapy is not intended to take place of medical care or medications. To my knowledge, I have no medical condition which would prohibit me from using LED light therapy. I acknowledge that the results of LED light therapy do vary, and that no guarantees of specific results are offered or implied. BodiSnatcher Studio LLC will not refund or credit any amount of money because of a client's unhappiness with their final 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 the owners,

operators and manufacturers from any damages that I might incur due to the use of this facility. I have reviewed and completely understand all of the information at BodiSnatcher Studio LLC, including this form.

Signature: _____

Date: _____

IF THE CLIENT IS UNDER 18 YEARS OF AGE: As Parent/Legal Guardian of the above listed Client, I acknowledge that I have read and understood the safety standards and warnings provided to me by Natural Beauty Spray Tans and thereby authorize the consumer named above to use red light/LED light therapy. I acknowledge that I have read and completely understand this consent 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: _____

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