



## **Red Light Therapy**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Please carefully review the below equipment information, indications, and warnings prior to use. This form is required for all clients, members, and supervising adult guests.**

### **What is Red Light Therapy?**

Red Light Therapy (RLT) devices are ones that emit low levels of red light for a variety of wellness benefits but have primarily been used to improve skin appearance by reducing wrinkles, scars, redness, and acne. Other benefits which are being investigated range from alleviating pain and inflammation to weight loss and improving mental health conditions. At Hydro Air Treadmill Lab, we feature the OvationULT Bed which is the most effective and advanced RLT table on the market with comprehensive full body wavelength exposure ranging from 635nm (red) and 850nm (infrared). Depending on the benefits you are after, sessions may last anywhere from 10 to 20 minutes. For more information, please visit us at [Red Light Therapy \(hydroairlab.com\)](http://hydroairlab.com)

### **Ideal for**

- Cosmetic/skin improvements
- Pain relief and recovery
- Improving mental health and overall wellness

### **Benefits**

- Skin benefits include:
  - Increased collagen production
  - Fibroblast production
  - Scar minimalization
- Improved blood circulation
- Decreased inflammation
- Improved muscle relaxation
- Pain relief
- Reduced stiffness



- Improved sleep quality
- Improved gut health
- Improved muscle/skin/tissue recovery/healing time
- Injury prevention
- Improved brain/mental health
- Supports weight loss
- Cold sore prevention
- May help improve chemotherapy side effects
- May improve tendinitis
- May alleviate arthritis pain/inflammation
- Many more... for an extensive list of effects and research articles, visit [Red Light Therapy Wavelengths Benefits: The Ultimate Guide \(lighttherapyinsiders.com\)](https://www.lighttherapyinsiders.com/red-light-therapy-wavelengths-benefits-the-ultimate-guide)

### **Risks**

Although rare, some of the risks associated with RLT include (but are not limited to) skin damage with excessive exposure, eye damage without proper protection, adverse skin reaction, and interaction with some medications (such as isotretinoin or lithium). The long term safety of RLT continues to be studied. RLT is beneficial for most individuals, there are some who should exercise extreme caution before/while using this equipment. **Seek approval from your healthcare provider** prior to use especially if you have or have experienced (but not limited to) any of the following:

- History of skin cancer or other cancers
- History of eye diseases or other medical conditions
- Diabetes (especially if it affects the retina)
- Pregnancy, lactating, breast feeding
- Taking medications which increase skin/eye sensitivity (such as lithium, melatonin, phenothiazine antipsychotics, or certain antibiotics)
- Drug resistant, non-seasonal depression
- Pacemaker
- Epilepsy
- Uncontrolled Hypertension
- Thyroid gland dysfunction



- Immunosuppressed
- Heart disease or cardiac arrhythmias

**DO NOT** use RLT at this facility if you have or have experienced (but not limited to) any of the following:

- Recent sunburn
- If you are unable to wear recommended eye coverage
- Extreme sensitivity or discomfort from red light exposure
- If you have experienced significant adverse effects from this treatment

**Immediately discontinue** use and seek medical advice if you experience any of the following:

- Sudden eye or skin pain, or other body discomfort
- Rashes or skin irritation
- Sudden chest pain or shortness of breath
- Any other sudden or unexplained symptoms coinciding with its use

RLT in our facility is not intended to treat, cure, or prevent any disease. Adverse reactions and risk for injury increase with misuse. Don't hesitate to ask staff for assistance and information if you have any questions or concerns. Individual responses may vary.

### **Safety Instructions for Red Light**

1. Ensure you are aware of all risks and precautions associated with RLT.
2. Adhere to all posted signs and warnings.
3. Receive orientation and review operation instructions prior to use. Use only as directed.
4. Wear recommended eye protection (REQUIRED) while the machine is on.
5. No more than one daily session is permitted.
6. Be sure you are completely dry prior to use. Do not use it while wet.
7. Since red light has fat reducing effect, be sure to cover any areas for which you want to avoid fat reduction (e.g. breasts).
8. Do not attempt to unplug or alter the equipment in any way.
9. Ensure you do not have any sharp objects (including pocketknives) on your person when using.
10. No food or drink permitted in the RLT room.
11. Discontinue use if you experience any discomfort or adverse effects

### **Consent, Waiver of Liability, Release, Indemnification, And Hold Harmless Agreement**



1. In consideration for using RLT, I hereby RELEASE, WAIVE, DISCHARGE, and HOLD HARMLESS Hydro Air Treadmill Lab, LLC an Arizona Limited Liability Company (Hereafter referred to as "HATL") their officers, servants, agents, employees, contractors, and volunteers from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, that may be sustained by any person, while using RLT or due to the use of RLT.
2. I hereby confirm that no warranty or guarantee, or other assurance, has been made to me covering the results of RLT, and I hereby relieve the Employees and hold them harmless from all liabilities for injury or damage that may occur to me. I fully understand the administration of RLT, including possible adverse reactions, side effects, or other Indemnification, and Hold Harmless Agreement is being given in advance of any use of RLT and is being given by me voluntarily to use RLT.
3. I am fully aware of the risks and hazards connected with the use of RLT, including the risk of physical injury or disability as the result of such injury, up to and including death, and I am voluntarily participating in said RLT usage, and entering the above-named premises to engage in such usage. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY UP TO AND INCLUDING DEATH** that may be sustained, or any loss or damage to property as a result of being engaged in this activity.
4. I further herby **AGREE TO INDEMNIFY AND HOLD HARMLESS** the Employees from any loss, liability, damage or costs, including reasonable attorney fees, that the employees may incur due to the use of RLT by me.
5. It is my express intent that this Consent, Waiver of Liability, Release, Indemnification and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assignees and personal representatives, if I am not alive, and shall be deemed as a RELEASE, WAIVER, AND DISCHARGE of the employees. I hereby further agree that this Consent, Waiver of Liability, Release, Indemnification and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Arizona.
6. I understand that the employees will not be responsible for any medical cost associated with any injury.
7. I understand that RLT is provided for the basic purpose of overall wellness. I further understand RLT should not be constructed 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 that I am aware of.



8. I understand that Hydro Air Treadmill Lab's Employees are not qualified to perform skeletal adjustments, diagnose medical conditions and/or prescribe medication, and nothing said in the session should be construed as such.
9. The client acknowledges and agrees that the client is solely responsible for consulting with their physician or health professional prior to and regarding the client's use of RLT at HATL and neither HATL or any of the Owners, Managers, Staff, or Members have made any representations or warranties as to the results that may be obtained from the use of RLT at HATL, or as to the advisability of the client's participation in such activities.
10. Because RLT is contraindicated under certain conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly, I agree to keep the technician updated as to any changes in my medical profile and understand that there shall be no liability on the technician's part should I forget to do so.
11. I am not and will not be under the influence of alcohol and/or narcotics.
12. HATL or its employees reserve the right to ask clients to discontinue equipment or facility use for any reason.

My signature below constitutes my acknowledgement of the following:

- I **will not** use RLT prior to staff instruction on safe/proper usage.
- I have read, understand, and fully agree to the foregoing Consent, Waiver of Liability, Release, Indemnification, and Hold Harmless Agreement.
- RLT has been satisfactorily explained to me, and I have all the information I desire.
- I hereby give my authorization and consent. This Consent, Waiver of Liability, Release, Indemnification, and Hold Harmless Agreement shall stand if I use the Equipment at the location now and in the future.

I have read the instructions for proper use of the facilities and do so at my own risk and hereby release the owners, operators, franchisers, or manufacturers, from any damage or harm that I might incur due to use of the facilities.

**IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT** I have read and understand the foregoing Waiver of Liability, Release, Indemnification, and Hold Harmless Agreement, I am at least eighteen (18) years of age and fully competent; I have given up considerable future legal rights; and I execute this Consent Waiver of Liability, Release, Indemnification, and Hold Harmless Agreement freely voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me.



Furthermore, I agree that I will comply with all instructions on the use of the RLT and that I am using these services at my own risk. I agree to use all sessions within the terms of the contract dates and understand that refunds are not given on unused portions of purchased packages.

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**Client's Printed Name**

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**Client's Signature**

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**Date**

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**Client's Parent or Legal Guardian's Printed Name**

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**Client's Parent or Legal Guardian's Signature**

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**Date**