

# After Glow Red Light Waiver/Release

I consent to and authorize After Glow Tanning LLC to perform Red Light Therapy treatments on me (or my parent or legal guardian is giving consent on my behalf).

Red Light Therapy is a non-ablative cosmetic procedure which utilizes Light Emitting Diode (LED) technology to treat a variety of skin imperfections such as fine lines and wrinkles, scarring, blemishes, uneven skin tone, texture and stretch marks. Red Light Therapy is a gentle and natural

treatment much like the process of photosynthesis, also known as photo-bio-stimulation. The Red Light Therapy system may use visible red (red light) and infrared (invisible light) energy to stimulate your body's own regenerative metabolism at the cellular level. By stimulating the body's tissues to convert light energy into cellular energy (ATP), Red Light Therapy treatment provides energy that your cells can use to:

- accelerate the production of collagen and elastin
- increase cellular permeability, allowing for increased cellular nutrient intake
- increase the removal of excess fluid and waste products from the cells
- increase the production of macrophage (scavenger) cells for the removal of toxins and scar tissue
- increase lymphatic drainage
- increase vascularization (blood flow) to the surface of the skin

## Risks and Side Effects:

Red Light Therapy treatments are non-invasive and are intended not to produce any thermal damage or pain. Even though appropriate measures are taken to reduce side effects, they cannot be completely eliminated in every case. It is important to notify the treatment facility if you have any problems or concerns such as uncomfortable heat from the pad or panel, prolonged redness of the skin, swelling, itching or severe headaches during or after the treatment. These are all indications of sensitivity to light in which case you would want to discontinue the treatment immediately. These side effects rarely occur and usually subside within 24 hours of discontinuing the treatment. It is also important to notify the treatment facility if any conditions to your medical history change such as becoming pregnant or diagnosis of a medical condition. To prevent any eye sensitivity or damage, protective eyewear is to be worn during all treatment sessions. I understand the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume these risks. Alternative treatment choices are available. With this in mind, I am choosing this non-invasive treatment option.

## Pre/Post Treatment Instructions:

It is important that the treated area be cleaned to remove all moisturizers and creams prior to starting any treatment session, unless intended and designed for red light therapy. In order to maximize your treatment, you must drink at least 8 oz. of water before and after all treatment sessions, practice healthy eating habits, limit sun bathing and UV: follow recommended session

times and frequencies for UV, limit alcohol consumption and smoking while undergoing your series of light therapy sessions and up to six weeks following your treatment. Most clients will continue to see a marked improvement in their skin over the 3-6+ week treatment period even after the initial LED sessions have concluded. As with any cosmetic treatment, individual clinical results will vary from person to person and no guarantees can be made that expected or anticipated results will be achieved. I am aware that follow-up treatments may be necessary for desired results. Most patients require a number of treatment sessions over several weeks with gradual results occurring over time. I agree to adhere to any and all safety precautions and regulations during the treatment. No refunds will be given for treatments received. I have read and understand the Pre and Post Treatment Instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre and post procedure guidelines are critical in determining the effectiveness of the treatment sessions. The nature and purpose of the treatment has been explained to me. I have carefully read and understand this agreement and fully understand its contents. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement on the date I booked/scheduled my appointment.

I release After Glow Tanning, LLC from liability associated with this procedure. I certify that I am a competent adult of at least 18 years of age, or otherwise have authorized to Consent the above information, and agree to this at my own free will. By booking an appointment at AFTER GLOW TANNING LLC DBA AFTER GLOW AND AFTER GLOW TANNING & BEAUTY BAR I state I have read or have had explained to me the contents of this form. I understand that information on this form and give my consent to what has been explained to me. I authorize After Glow Tanning to perform my treatment and and hold them harmless from any liability involved in the use of or arising during the Red Light process.

## **Disclaimer**

Red Light Therapy is not a medical treatment and is not intended to diagnose, treat, cure, or prevent any disease. All services are provided for cosmetic and general wellness purposes only. This waiver does not replace medical advice from a licensed healthcare provider.