

ROC Red Light Session Release

Owner's Name _____ Date _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Animal's Name _____

Veterinarian & Contact Info _____

Does your animal have a current injury and/or illness? Yes No

If yes, please describe _____

Is your animal under veterinary treatment? Yes No

If yes, please explain _____

Does your animal have any of the following Contraindications:

- | | |
|---|--|
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Thyroid & Endocrine Disorders |
| <input type="checkbox"/> Active Cancer or Tumors | <input type="checkbox"/> Active Infections or Abscess |
| <input type="checkbox"/> Photosensitivity Disorders | <input type="checkbox"/> Heat-Sensitivity |
| <input type="checkbox"/> Photosensitizing Medications | |

I, _____, agree to fully and forever release and discharge, and defend, indemnify, and hold harmless, the practitioner and/or practitioner's company, _____, and its owners, directors, officers, representatives, members, employees, or agents, and MagnaWave, and its owners, shareholders, directors, officers, representatives, employees, or agents, from any and all injuries (including death), losses, damages, claims (including negligence claims), demands, lawsuits, expenses, and any other liability of any kind, of or to me, my property or any other person, directly or indirectly arising out of or in connection with the Red Light services provided by practitioner and/or practitioner's company.

Signature _____ Date _____

I (name printed) _____ have permission to use ROC Red Light Therapy on (animal's name) _____ on behalf of (animal's owner) _____.

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