



Light Therapy Waiver

I understand that attending demonstrators are not allopathic Doctors (M.D.) and do not portray themselves to be, but are providing light energy support and wellness services.

Procedures utilized include stress reduction, nutritional stress/wellness consultation and light energy support. I fully understand that the attending demonstrators DO NOT offer allopathic drugs, surgery, chemical stimulants or any other conventional treatment. In addition, they do not diagnose, treat or otherwise prescribe for any disease, illness or perform any act that would constitute the practice of medicine for which a license is required. I have solicited the attending practitioner's services in good faith, exercising my free will and following the dictates of my own conscience which allows me to select what I understand is most beneficial to my health. I am fully aware and release the practitioner to do light energy session, wellness consultation and other stress reduction protocols.

By signing below I acknowledge that I have read and understand all parts of the waiver, that I have had the opportunity to ask questions with regard to the described procedures and I hereby affirm: I am not here for medical diagnostic or treatment procedures and I am here on this and any subsequent visit solely on my own behalf.

For the diagnosis and treatment of any disease, consult a licensed Physician.

Print Name: _____ Date: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Are you pregnant: Yes No

Are you light sensitive? Yes No

Client Signature: _____

Top Areas of Concern:

1)

2)

3)

In Light

WELLNESS SYSTEMS

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'Brilliant Light Energy'

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