



CLOUD 9 CHIROPRACTIC

PERSONAL CARE. MODERN POSSIBILITIES.

2116 Merrick Avenue, Suite 3009 | Merrick, NY 11566
(516) 665-3766

Red light therapy consent

01 / INFORMED CONSENT, WAIVER & DISCLAIMERS

Full name

Cell phone

Date of birth

Date

What Is Full Body Red Light Therapy?

Full Body Red Light Therapy uses specific wavelengths of red and near-infrared light designed to penetrate the skin and underlying tissues. These wavelengths may support cellular energy production (mitochondrial activity), circulation, tissue recovery, relaxation, and overall wellness. The LIT LUME is a professional-grade, full-body red light therapy system that allows for even exposure across the entire body while the patient relaxes comfortably.

Contraindications & Precautions

Please inform us with the following:

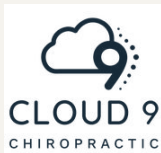
- | | | |
|--|---------------------------|--------------------------|
| Are pregnant or may be pregnant | ☐ Yes | ☐ No |
| Have a history of seizures triggered by light | ☐ Yes | ☐ No |
| Have active cancer or are undergoing cancer treatment | ☐ Yes | ☐ No |
| Have photosensitivity or take photosensitizing medications | ☐ Yes | ☐ No |
| Have open wounds, rashes, or skin infections | ☐ Yes | ☐ No |
| Have been advised to avoid heat or light-based therapies | ☐ Yes | ☐ No |

Potential Benefits

Patients may experience benefits such as: Improved muscle recovery and reduced soreness Support for joint and tissue health Improved circulation and oxygen delivery Support for skin health, collagen production and body contouring Nervous system relaxation and stress reduction Enhanced energy, sleep quality, and recovery Individual results vary, and no specific outcome can be guaranteed.

What to Expect During a Session

Sessions typically last 10-15 minutes (12 min is most commonly recommended by LIT LUME), depending on recommendations and goals You will lie comfortably in the LIT LUME bed Protective eyewear will be provided and must be worn The therapy is non-invasive, drug-free, and painless You may feel warmth or relaxation



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02 / UNDERSTANDING THE SERVICE & PARTICIPATION

Acknowledgement Of Voluntary Participation

I voluntarily elect to participate in Full Body Red Light Therapy using the Lit Lume system at Cloud 9 Chiropractic. I understand this service is offered as a wellness-based, non-medical service.

Assumption Of Potential Risk

Red Light Therapy is considered very safe when used appropriately. Possible, generally mild, side effects may include: Temporary warmth or redness of the skin Mild fatigue or lightheadedness after a session (please stay hydrated) Temporary headache or eye sensitivity if eyewear is not used properly If you experience discomfort, notify the staff immediately.

Understanding Of The Service

I acknowledge and understand that: Red Light Therapy is non-invasive and drug-free It is intended for general wellness, recovery, relaxation, and supportive care It is not medical treatment It does not diagnose, treat, cure, or prevent disease No medical claims or guarantees have been made

No Medical Diagnosis Or Treatment Disclaimer

I understand that Full Body Red Light Therapy is provided as a non-medical, wellness-based service. This therapy is not intended to diagnose, treat, cure, or prevent any disease or medical condition. I acknowledge that Cloud 9 Chiropractic does not provide medical diagnosis or medical treatment through Red Light Therapy, and no medical claims have been made regarding this service.

Scope Of Practice Acknowledgement

I understand that Red Light Therapy is offered within the scope of wellness and supportive care and is separate from chiropractic diagnosis or chiropractic treatment. Any recommendations provided are educational in nature and are not a substitute for evaluation, diagnosis, or treatment by a licensed medical physician. I understand that if I have a medical condition requiring medical evaluation or treatment, I am responsible for seeking care from a licensed medical provider.

No Guarantee Of Results

I acknowledge that results from Red Light Therapy vary between individuals. No guarantees, warranties, or assurances have been made regarding outcomes, symptom improvement, or specific health benefits.



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03 / RESPONSIBILITY, RELEASE & CONSENT

Assumption Of Risk & Voluntary Participation

I understand that although Red Light Therapy is generally considered safe, all wellness services carry some degree of risk. I voluntarily choose to participate and assume full responsibility for any reactions, discomfort, or outcomes that may occur. I agree to immediately inform staff if I experience discomfort, dizziness, pain, or unusual symptoms during or after a session.

Informed Disclosure & Patient Responsibility

I acknowledge that I am responsible for providing complete and accurate health information, including but not limited to medical history, medications, supplements, pregnancy status, and any conditions that may affect my ability to safely participate. I agree to notify Cloud 9 Chiropractic of any changes in my health status prior to future sessions.

Photosensitivity & Medication Disclaimer

I understand that certain medications, supplements, and medical conditions may increase sensitivity to light. I acknowledge that it is my responsibility to disclose any known photosensitizing medications or conditions prior to receiving Red Light Therapy.

Not A Substitute For Medical Care

I understand that Red Light Therapy is not intended to replace medical care, emergency care, prescription medication, surgery, or physician-supervised treatment. I agree not to delay or discontinue medical care based solely on participation in this wellness service.

Release Of Liability

To the fullest extent permitted by New York law, I release and hold harmless Cloud 9 Chiropractic, its doctors, staff, employees, and affiliates from any liability arising from my voluntary participation in Full Body Red Light Therapy, except in cases of gross negligence or willful misconduct.

Consent

I have read and understand the information above. I have had the opportunity to ask questions and understand the nature, risks, and potential benefits of Full Body Red Light Therapy. I voluntarily consent to receive this service at Cloud 9 Chiropractic.

Patient/client signature (type full name or sign after printing)

Date

Printed name