



## Service Consent Form

1. I understand that I should consult a health care provider before initiating any treatment if I am taking prescription or non-prescription medications, have a history of chronic problems, or have any other concerns. Furthermore, I have been provided with the website ([www.In-lighten.net](http://www.In-lighten.net)) I have had an opportunity to review the information.
2. I understand I should consult a health care provider before my first session if I am not sure about my medical condition, or if I have one of the following conditions: 1) pregnancy, 2) epilepsy, or 3) thyroid condition. I understand that I should also consult a health care provider if I have light sensitivity, or if I use medicine that would cause a sensitivity to light, such as tetracycline or Retin-A (LED Light Therapy Only ).
3. I understand that any or all of the services I receive are not intended to replace any medical attention. I assume all responsibility for my physical, emotional and mental health.
4. I understand the intended use of Kalos Health Facilitation, Reiki, LED lights, Acutonics tuning forks, Energy Healing and EIP is to relax, de-stress, activate meridians, stimulate the body to heal, help me to understand myself and / or rejuvenate my body. I agree to have sessions administered to me at my own risk and hereby release In Lighten, Spirits In Harmony and Lorayne Ham her marital community and/or her heirs, agents, and assigns (hereafter "releasees") from any liability resulting from any services provided. I hereby promise not to bring a claim against or sue the releasees. I freely and voluntarily accept all risks of injury, death or property damage and agree for myself and my heirs to DEFEND, RELEASE, HOLD HARMLESS AND INDEMNIFY, including attorneys fees and costs, releasees from any and all liability for personal injury including death, and property damages resulting from releasees's negligence or otherwise, including but not limited to releasee's operation of the Revitalight LED system and/or arising out of the conditions listed above.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_