

InLight Sessions Waiver



Please carefully read the following list of medications and check off any you have taken in the past 7 days. These medications have been known to cause light sensitivity. Please be sure to check with your doctor before discontinuing any prescribed medications.

Anti-Arrhythmic	Amiodarone (Pacerone® Cordarone® Aratac®) Chlorpromazine (Thorazine®, Chloramead®, Chlordryprom®, Chlor® Promanyl®, Largactil®, Promapar®, Promosol®, Terpium®, Sonazine®)
Acne	Oral Isotretinoin (Accutane®, Accure®, Aknenormin®, Amnesteem®, Ciscutan®, Claravis®, Isohexal®, Isotroin®, Oratane®, Sotret®, Roaccutane®) Topical Isotretinoin (Isotrex®, Isotrexin®)
Anti-Psychotic	Haloperidol (Haldol®) Trifluoperazine (Stelazine®, Clnazine®, Novoflurazine®, Pentazine®, Solazine®, Terfluzine®, Triflurin®, Tripazine®)
Anti-Fungal	Griseofulvin (Grifulvin®)
Antibiotics	Tetracycline (Helidac®, Terra-Cortril®, Terramycin®, Sumycin®, Actisite®, Bristacycline®, Actisite®, Tetrex®, Doxycycline®, Ciprofloxacin®) Norfloxacin (Noroxin®, Quinabic®, Janacin®) Ofloxacin (floxin®, Oxaldin®, Tarivid®) Nalidixic acid (NegGam®, Wintomydon®) Ciprofloxacin (Cipro®, Ciproxin®, Ciprobay®) Minocycline (Minomycin®, Minocin®, Arestin®, Akamin®, Aknemin®, Solodyn®, Dynacin®, Sebomin®) Oxytetracycline, Demeclocycline, Lymecycline
Cancer	Methotrexate (MTX®, Aminopterin®, Ledertrexate®)
Arthritis	Auranofin (Ridaura®)- If a client is taking this medication, they are not a candidate for light therapy.

The above drugs are currently the most common medications associated with photosensitivity and are by no means a complete list of all photosensitive medications. Herbs and over the counter medications such as psoralen and St. John's Wort can also cause sensitivity to light so it is important to disclose any and all medications or herbs you are currently taking.

Low Blood Pressure	Active Bleeding	Epilepsy/Seizures
Infectious Diseases	Active Carcinoma	Sensitivity/Light
Malignant Tissue	Currently on Blood Thinners	Taking Nitrates
Undergoing Chemotherapy	Pregnant/Breastfeeding	Taking a Steroid
Had a Steroid injection within the last 2 weeks		

If you have circled any of the above conditions or medications you must talk with your doctor in regards to LED Blue, Red and Near Infrared light sessions before your first session.

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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 was encouraged by Purely Pilates LLC to consult and get consent from my physician I understand that LED light therapy and Purely Pilates LLC is not diagnosing, curing or preventing any disease. This is not intended to be a substitute for medical advice. I have solicited Purely Pilates LLC services in good faith, exercising my free will and following the dictation of my own conscience which allows me to select what I understand is most beneficial to my health. I consent to the terms of this agreement. I am aware that this is a release of Liability, a waiver of legal rights and a contract between PURELY PILATES LLC and the undersigned.

I release PURELY PILATES LLC, MASSAGE THERAPIST and CONTRACTED WORKERS from liability associated with LED Light Sessions. I certify that I am a competent adult of at least 18 years of age and sign this at my own free will. This consent and waiver form is voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successor, and assigns.

Client signature: _____ Date: _____

Print name: _____

Witness: _____ Date: _____