

BioTune Your Health, LLC

GUEST / TRIAL WELLNESS SERVICE WAIVER & ACKNOWLEDGMENT

For one-time or introductory sampling before completion of the full member paperwork

Guest Name: _____

Date: _____

Phone: _____

Email: _____

SERVICE(S) BEING SAMPLED - check all that apply:

☐ Red Light Bed ☐ Red / Near-Infrared Panel ☐ Vibroacoustic Sound Wave Bed ☐ Molecular Hydrogen Inhalation ☐ Power Plate ☐ Other: _____

ACKNOWLEDGMENT OF WELLNESS SERVICES

I understand that BioTune Your Health, LLC provides wellness and educational services. These services are not medical care, diagnosis, treatment, or a substitute for advice from a qualified healthcare professional. I am choosing voluntarily to participate in the service(s) checked above.

HEALTH & SAFETY DISCLOSURE

I understand that wellness equipment and services may not be appropriate for every person. I agree to tell BioTune Your Health, LLC staff before participating if I am pregnant or may be pregnant; have a pacemaker, implanted electrical or medical device; have a significant medical condition, recent surgery or injury; take medication that may affect my response to light, heat, vibration, exercise, or other services; or have any other circumstance that may affect safe participation. I confirm that I have had an opportunity to review and ask questions about the contraindications and safety instructions applicable to the service(s) I am sampling.

VOLUNTARY PARTICIPATION, ASSUMPTION OF RISK & RELEASE

I understand that participation may involve risks, including but not limited to temporary discomfort, dizziness, lightheadedness, fatigue, muscle soreness, skin warmth or irritation, sensitivity to light, vibration-related discomfort, falls or loss of balance, or an unexpected individual response. I voluntarily assume the ordinary and reasonably foreseeable risks associated with my participation.

To the fullest extent permitted by Florida law, I release and hold harmless BioTune Your Health, LLC and its owners, employees, agents, and representatives from claims arising from my voluntary participation in the sampled service(s), except to the extent a claim cannot lawfully be waived or released. I understand that this waiver does not waive rights that cannot legally be waived.

STOPPING A SESSION

I agree to stop the session immediately and notify staff if I experience pain, dizziness, faintness, shortness of breath, unusual discomfort, skin irritation, anxiety, or any other concerning symptom. I understand that BioTune Your Health, LLC may decline or stop a session when staff believe participation may be inappropriate or unsafe.

TRIAL USE ONLY

I understand that this form is intended for a guest or introductory sample session and does not replace BioTune Your Health, LLC's complete member paperwork. I understand that I may be required to complete the full member agreement, intake, disclosures, and applicable waivers before future or continued participation.

By signing below, I confirm that I have read and understand this form, have had the opportunity to ask questions, have provided information truthfully to the best of my knowledge, and voluntarily agree to participate.

Guest Signature: _____

Date: _____

Printed Name: _____

BioTune Your Health, LLC | Be the conductor of your own health.