Beyond Light Therapy Ltd

Client Waiver & Acknowledgement

Wellness and Longevity

I understand that Beyond Light Therapy Ltd and its team do not diagnose, treat or prescribe for any medical condition; are not qualified to give, and do not offer, medical or psychological advice; and make no claims about health outcomes or results. Its services are complementary to, and not a replacement for, professional medical or mental-health care. I am encouraged to consult a licensed healthcare professional for any physical, emotional or psychological concerns.

I understand that Beyond Light Therapy Ltd is not responsible for incidents related to pre-existing conditions, and may decline admission if a condition is deemed unsuitable. If admission is declined for health reasons, a full refund will be issued within ten working days.

I participate freely and accept that my wellbeing is my own responsibility. Beyond Light Therapy Ltd is not liable for any medical, emotional or physical conditions I may experience before, during or after my visit.

This waiver covers my time on Beyond Light Therapy Ltd premises only. It applies to all my visits for 12 months from the date signed. Each person attending must sign their own waiver, including where package hours are shared.

I consent to Beyond Light Therapy Ltd contacting my next of kin or the emergency services if necessary.

I confirm that I have read and agree to the Beyond Light Therapy Ltd Terms and Conditions.

I release Beyond Light Therapy Ltd and its associates and affiliates from liability for loss or injury arising from my participation, to the extent permitted by law. I understand that this waiver is a binding agreement entered into of my own free will.

Photography and Data. Some events may be recorded or photographed for training, educational or promotional purposes.

☐ I consent to appearing in photographs or recordings.

☐ I prefer not to appear.

☐ I consent to my personal details being held securely and used only to manage my visits and contact me in an emergency, in line with GDPR.

Client Details

Full Name: _____

Date: _____

Phone: _____

Email: _____

Next of Kin (Name & Phone): _____

Signature: _____

Parent/Guardian signature (if under 18): _____