

Pandora Star CONSENT FORM

The PandoraStar Deep Trance Meditation Machine produces white light through the use of 12 stroboscopic LEDs that flicker at different frequencies using computer controlled software.

PandoraStar uses flickering LEDs to stimulate the brain into creating a combination of changing colours, patterns and shapes. By opening your mind and enjoying a very individual / personal experience.

PandoraStar can produce a sense of deep relaxation leading to a feeling of well-being and contentment.

However, PandoraStar is not suitable for everyone. To enable us to advise whether the experience is appropriate for you, please read the following questions and tick either

Have you ever had any of the following conditions?

Epilepsy and/or seizures YES / NO

Sensitivity to light (including flashing light) YES / NO

Any psychological or psychiatric condition (including psychosis) YES / NO

If you answered YES to any of the above, then the PandoraStar is NOT suitable for you.

Are you pregnant? YES / NO

Have you had laser treatment to your face within the last month? YES / NO

If you answered YES to either of these, then the PandoraStar is NOT suitable for you at this time.

Are you taking any photosensitive medication? YES / NO

If you answered YES to this, then the PandoraStar Deep Trance Meditation Machine is NOT suitable for you.

Are there any other conditions we should be made aware of? If there are, please describe them:

The nature of the PandoraStar Deep Trance Meditation Machine has been explained to me. I have read this form carefully. All of the questions set out above have been answered truthfully. I acknowledge that the PandoraStar Deep Trance Meditation Machine is NOT a medical or psychological therapy and is not intended as a treatment or remedy for any condition.

I have been asked at this time whether I have any unanswered questions about the PandoraStar Deep Trance Meditation Machine.

I understand the nature of the experience and what it entails. I certify that I am a competent adult of at least 18 years of age, and I sign this Informed Consent Form of my own free will.

Client signature: _____ Date: _____

Print name: _____

Date of Birth: _____

Email address: _____

(Please use all UPPER CASE letters for email address)