

Waiver Agreement for neuroVIZR

Understanding and Agreement

Nature of the Device:

- The neuroVIZR is a neuro-stimulation instrument designed to promote various wellness states related to the brain through sensory signal-based stimulation, including brain exercise, energy enhancement, and learning. It is intended for educational, exploratory, and entertainment purposes.
- The neuroVIZR is an advanced version of conventional light and sound brain entrainment technology, which has been available to the public for over 40 years. It is available for purchase by consumers and can be used appropriately by individuals. However, it is not a medical device, and its statements have not been evaluated by the FDA.
- The neuroVIZR is not intended to diagnose, treat, cure, or prevent any disease. Information provided through websites, social media, recordings, or emails is for educational purposes only and is not a substitute for professional medical advice. Please consult your medical practitioner for any health issues. Results may vary.

User Age and Health Considerations:

- Only individuals aged 18 and older should use the neuroVIZR.
- Individuals with epilepsy or those prone to seizures should avoid using devices with flashing lights. A family history of epilepsy or seizures should also be considered before using the device. There is a risk that a person may experience a photosensitive seizure, even without a diagnosis of epilepsy or seizures, or a family history of such conditions. The developer, manufacturer, owner, or operator is not responsible for such occurrences. Any discomfort experienced during sessions should be reported immediately, and the session will be stopped. <a href="https://light.new.org/li
- Anyone unwilling to accept the risk should not do a session.

Pregnancy and Substance Use:

- Pregnant women should consult their medical practitioner before using the device.
- Avoid using the device under the influence of alcohol or drugs, and consult your doctor if you are on prescribed medication.

Health and Safety Questions:

•	Do you have epilepsy or have you ever experienced a seizure?	YES [] NO [
•	Do you have a family history of epilepsy or seizures?	YES [] NO [

•	Are you aware of rare seizure-like experiences?	YES[]NO[]
•	Are you pregnant?	YES[]NO[]
•	Are you currently under the influence of alcohol or drugs?	YES[]NO[]

Intended Use:

The neuroVIZR is intended for wellness-related brain exercise and learning, not for treatments or therapies. Only trained, credentialed, or licensed individuals should use the neuroVIZR within the legal scope of their practice.

Acknowledgment:

Initials:

Full Name

I have read and understood the information provided above. By signing below, I acknowledge that I understand the risks and benefits associated with the use of the neuroVIZR and agree to use it in accordance with the guidelines provided.

Date:
Email:
Signature (if a minor, parent or legal guardian):

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