

InLight Therapy Rental Form

Kim Fedderly PharmD, MS Holistic Nutrition, CQBS

Tree of Life Quantum Biofeedback LLC

309 Wisconsin Ave Whitefish

www.kimfedderly.com

406-270-7957 kimfedderly@outlook.com

Equipment: 2/Port Controller and Pads RENTAL AGREEMENT

1 Pain/Body Pad + 1 Eye Pad

2 T-Pad (can make brain cap)

Renters Name _____

Rental Date(s) _____

Address _____

City, State, Zip _____

Phone _____

Email Address _____

Rental Payment _____ for _____ days

Refer to educational notebook in kit or www.kimfedderly.com for more information on Inlight Therapy

- I agree to take care of this unit and replace any parts that become damaged.
- I agree not to use on my pets
- I agree to use over any infections, wounds, or feet with plastic or Saran wrap to reduce risk of transmission of fluids or infection.
- I agree not to use Rubbing Alcohol, alcohol spray, scented sprays on this unit that would ruin the neoprene.
- I agree to keep this unit in a safe place away from children playing and pets as the lights are sensitive to damage.
- I agree not to use more than 30 minutes twice a day for safety and maximized health benefits.
- I agree to return this unit by specified date.
- I agree to pay for the full unit if not returned \$1650 charged on my credit card below
- I agree to pay for damages to replace to any individual part
- This is Kim Fedderly's personal device and I agree to take care of it or I will be charged for damages.

Any additional terms _____

Card on File for Damage/Theft/Loss

Credit Card Number _____ Exp _____ 3 Digit Code _____

Billing Zip Code _____

Signature

Date