

Tachyon Chamber Instructions

Please read in its entirety and sign the attached waiver & agreement form so that you may fully understand our services.

Please bring a hard-copy of this document to your initial appointment.

The chamber (twin bed platform and pyramid) rests about 9 inches off the floor so you will need to be able to crawl into and out of the chamber on your own (scooting on your back with your head first.)

The width of the chamber at the base of the bed is 24-30 inches, (being the widest on mattress level). The unit is open-air in a 13'x16' office and is not claustrophobic.

You agree to not exist or enter the chamber on your own and are always assisted by the chamber owner or its representative. You will rest on a mattress and it is a comfortable experience. The unit is structurally set up and aligned.

If you touch or move any part of the unit it may need to be realigned.

The cost for realignment is \$350 - \$1,200.

Things to bring or consider:

- Your own pillow. -Thin is best as a thick pillow will block the Light Mandala.
- Ear plugs. (optional) -We provide calming music but you could possibly hear others talking.
- Eye mask. -The Light Mandala can hurt your eyes if you're not careful but will not be a problem if you follow the rules. If you are sensitive to blinking lights, a sleep eye cover works well.
- Small blanket -Room temperature will be 72-75 degrees
- Large Beach or bath towel is required, for your safety. -To cover a twin sized bed.
- Bottle of water. -VERY important to bring water.

No electronic devices are allowed in the chamber room. Watches and phones need to be placed outside the room. Also please refrain from entering facilities with chemical smelling odors/aromas. *-No perfume, cologne or other artificial odors, which can give staff headaches and cause for rescheduling.*

*Natural/organic odors are perfectly fine. Meditation/Healing music is played outside the room for you to hear. If you come with someone you are welcome to alternate turns with the 20-30 min break in between. Initial sessions for a healthy individual is 30 minutes. A health challenged individual is 20 minutes.

It is suggested that individuals participate in 3-30 minute sessions and one monthly visit thereafter for "maintenance". Use your own discretion and guidance.

***This Technology is Interactive** and your frequency, state of mind and intentions do have major effects on the process. You should drink plenty of water afterwards. It is best to set an intention for your experience when in the chamber.

It is difficult to describe what takes place and how the chamber works. From my experience and that of many others, changes do take place. For me it was energetic and emotional healing before physical healing. **Come with an open mind, leave with an open heart.**

If you have questions you may contact us by email or phone 512.553.5616.

The Crystal Stair Chamber

Address: 111 West Anderson Ln. Suite D219, Austin TX 78752

Signature: _____

Date: _____

Crystal Stair Chamber: User Waiver and Agreement

Please read the following in its entirety and initial the agreements in addition to your signature at the bottom:

_____ My participation in the use of the Crystal Stair Chamber and its services is entirely voluntary.

_____ I understand that reasonable effort is made to ensure user safety and comfort in use of all equipment and services of the Crystal Stair Chamber. Risks of using the Light Mandala System include the following: The Light Mandala System utilizes a scalar wave generator and laser light for photon emission. This is experimental and I hereby agree to accept any and all risks of injury or other harm that I may incur from using the Light Mandala System.

_____ I understand that reasonable effort is made to ensure user safety and comfort in use of the Tachyon Chamber. Risks of using the Tachyon Chamber include the following: headache, sleeplessness, pain, and emotional sensitivity. I hereby agree to accept any and all risks of injury or other harm that I may incur from using the Tachyon Chamber.

_____ I understand that both the Tachyon Chamber and the Light Mandala System are designed for stress reduction, relaxation, relief from tension and improvement of energy.

_____ I agree that I am not pregnant and I am not prone to Epilepsy or Epileptic type seizures.

_____ I agree to refrain from looking into the laser light and understand that this is a strong laser source that can be harmful to eyes.

_____ If I experience pain or discomfort during the session, I will immediately inform the owner/assistant of the Crystal Stair Chamber so that my level of comfort can be addressed.

_____ I understand that I need to be able to safely climb in and out of the tachyon chamber myself, without assistance from the owners or staff at the Crystal Stair Chamber. I fully discharge and will not hold the owner and representatives of the Crystal Stair Chamber responsible for any pain, discomfort or injuries that I might experience as I climb in and out of the bed structure, walk, sit down, or stand up in the waiting room at the Crystal Stair Chamber.

_____ On behalf of myself and my heirs and representatives, I fully release, discharge, waive any causes of action and will not hold against the owner nor its representatives of the Crystal

Stair Chamber responsible or liable for any and all liability, expense, injuries, pain or discomfort I experience during or after the session.

_____ I understand that the services offered today by the representatives of the Crystal Stair Chamber are not a substitute for medical care. I understand that the owners and representatives are not qualified to perform any type of adjustments, diagnose, prescribe, or treat physical or mental illness.

_____ I affirm that I have notified the owner and representatives of the Crystal Stair Chamber of all known medical conditions and injuries. I know of no reason why I could not use its equipment named herein.

_____ I agree to inform the owner or representatives of the Crystal Stair Chamber of any changes in my health and medical condition. I understand that there shall be no liability on the part of the owner of the Crystal Stair Chamber should I forget to do so.

_____ I understand that the Chamber and Light Mandala Systems are sensitive pieces of equipment and that touching or moving any part of the machinery could cause failure in operation.

_____ By signing this release, I hereby fully release and unconditionally waive and release the Crystal Stair Chamber, its owners and representatives from any and all liability, past, present, and future relating my physical or mental state or my physical condition.

_____ I have carefully read, understand and agree to the above statements.

Client name: _____

Client Signature: _____

Date: _____

Owner/operator/representative of The Crystal Stair Chamber: _____