

Informed Consent for Use of the Dream Machine

Medical Risk Acknowledgment and Acceptance Form

IMPORTANT — PLEASE READ CAREFULLY BEFORE USE

Using the Dream Machine involves exposure to flickering light stimulation. While generally safe, certain individuals may be medically at risk. By checking the boxes below and accepting this consent, you confirm that you have read and understood the following medical information, and that you are voluntarily choosing to participate in this experience.

I hereby confirm that:

- I am 18 years old or older.
- I have no personal or family history of epilepsy.
- Flickering lights or screens have never caused me twitching, blackouts, confusion, or severe dizziness.
- I have never experienced unexplained blackouts, absences, or abnormal limbs or facial jerks upon waking.
- I have not had a brain injury, brain surgery, or been diagnosed with a brain tumor.
- I am not currently pregnant.
- I am not currently sleep-deprived, nor am I withdrawing from alcohol or sedatives, or taking any seizure-triggering medication.
- I am not currently suffering from psychosis, severe panic attacks, strong dissociation, or suicidal thoughts.
- I understand that the use of the Dream Machine may, in rare cases, trigger seizures, migraines, headaches, or motion sickness in susceptible individuals.



- I agree to stop the session immediately if I experience discomfort, nausea, dizziness, or any unusual symptoms.
- I am participating voluntarily, with full knowledge of the potential risks involved.

I acknowledge that:

- I have been informed of the potential risks associated with using the Dream Machine.
- I have self-assessed any possible medical contraindications.
- I am voluntarily choosing to participate in this experience.
- I accept full responsibility for my decision to use the Dream Machine.

First and Last Name:

Date of Birth:

Date of Consent:

Signature:

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Practitioner:

Signature: