



INFRARED SAUNA CONSENT FORM

Infrared sauna use is by appointment based on availability. Please call or book online to schedule an appointment. Consent to use the infrared sauna is conditional upon provision of accurate answers to the following questions and the signing of this infrared sauna consent form which includes the infrared sauna agreement and acknowledgement.

NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE(HOME) _____ (CELL) _____ EMAIL _____

EMERGENCY CONTACT _____ (HOME) _____ (CELL) _____

How did you hear about us? If referred, by whom? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- | | |
|---|----------------|
| 1. Are you pregnant? | YES () NO () |
| 2. Are you taking any medications?
If "yes", please list _____ | YES () NO () |
| 3. Have you been diagnosed with any medical condition, such as anhidrosis, that may limit or prevent your ability to sweat? | YES () NO () |
| 4. Do you have unstable angina? | YES () NO () |
| 5. Have you had a recent heart attack? | YES () NO () |
| 6. Do you have a pacemaker or defibrillator? | YES () NO () |
| 7. Do you have any other surgical implants? (metal pin rod, artificial joint) | YES () NO () |
| 8. Do you have a severe arterial disease? | YES () NO () |
| 9. Are you currently taking any diuretics, barbiturates, beta-blockers or antihistamines? | YES () NO () |
| 10. Have you been diagnosed with any other medical condition?
If "yes", which condition? _____ | YES () NO () |

If you answered "YES" to any of the above questions, have you consulted your medical provider and received authorization to use an infrared sauna? YES () NO ()

It is always important to maintain proper hydration levels during your infrared sauna session. Dehydration will increase carbohydrate utilization and cause less fat to be burned for energy. We highly recommend drinking a minimum of 8 ounces of water prior to entering the sauna and a minimum of 8 ounces of water after your infrared sauna session.

MEMBER YES () NO () MEMBERSHIP TYPE _____

INFRARED SAUNA AGREEMENT AND ACKNOWLEDGEMENT

- The use of drugs, medication, or alcohol prior to or during the infrared sauna session may lead to dizziness or unconsciousness.
- Please consult with your physician if you are in doubt regarding your ability to safely use an infrared sauna for health reasons.
- No one under the age of 18 is permitted in the infrared sauna unless accompanied by a parent or legal guardian
(Parent or Legal Guardian Signature required below)
- Discontinue the use of the infrared sauna if you feel light-headed, dizzy, or heat exhausted.
- Infrared sauna sessions are limited to one visit per day.
- Only water bottles WITH CAPS permitted inside the infrared sauna.** No shoes are permitted inside the infrared sauna.
- If you are taking any medications please consult with your physician or a licensed pharmacist prior to using the infrared sauna.
- If you are a pregnant please consult with your physician before using the infrared sauna. Excessive body temperatures have a potential for causing fetal damage during the early stages of pregnancy.

I acknowledge, and voluntarily assume the risk of injury, accident, or death which may arise from the use of an infrared sauna. I and any of my heirs, executors, representatives, or assigns hereby release all claims or liabilities for personal injury or property damage of any kind sustained while on the premises, during the use of the infrared sauna, and from any advice provided by an employee, independent contractor, or any representative. I agree that this Sauna Consent Form, which includes the Infrared Sauna Agreement and Acknowledgement will remain in effect for all infrared sauna sessions and will not expire unless specifically requested by either party.

SIGNATURE _____ DATE _____

IF UNDER THE AGE OF 18 - PARENT OR LEGAL GUARDIAN SIGNATURE _____