



Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Have you used an infrared sauna before? YES / NO

**Cautions & Risk Factors:**

We strongly suggest you NOT use infrared sauna until you have consulted your health care practitioner if you:

- Have a pacemaker or any other hardware or implant
- Are pregnant, breastfeeding, or on your period as the sauna can cause an increase in bleeding
- Currently have a fever, infection, or injury
- Recently had high blood pressure, a heart attack or other cardiovascular problems
- Have a history of dizziness, fainting, heat sensitivity, impairment to sweating, narcolepsy or seizures
- Have bleeding disorders or are on blood thinners
- Are under the influence of drugs, tobacco, or alcohol
- Are under the age of 18. We do not recommend far-infrared sauna for those under 12 years old.

**My Responsibilities:**

- Bring my own towels. We recommend you bring one full size towel and one hand towel. If you'd like, bring an extra towel for the sauna seat.
- Hydrate before, during, and after. We recommend drinking 1 liter minimum.
- Bring a swimsuit or clothing that can absorb sweat, a robe works great.
- Arrive at least 5 minutes early.
- Limit first sauna sessions. We recommend 20 mins at a lower temperature of 100-120 degrees .
- If you experience discomfort, feel light-headed, heat exhausted, or unwell exit the sauna.

**Agreement:**

I acknowledge and accept the risks inherent in the use of the infrared sauna. I voluntarily assume the risk of injury, accident or death, which may arise from the use of the infrared sauna. I and any of my heirs, executors, representatives or assigns hereby release from all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of the infrared sauna and from any advice provided by an employee or any representative. I agree that this release is in effect for all infrared sauna sessions. None of the information provided is intended to act as a substitute for medical advice, nor does it involve the diagnosis, prognosis, or prescription of remedies for the treatment or prevention of any disease or ailment. I also understand that the infrared sauna is not intended to diagnose, treat, cure, or prevent any disease.

**Cancellation Policy:** Sessions canceled with less than 12 hours notice, or are missed altogether, are responsible for the minimum fee on our sliding scale.

**I certify that everything on this form is true and correct to the best of my knowledge. I have read and agree to the above statements.**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**If under 18 years of age:** Parent Signature \_\_\_\_\_ Date \_\_\_\_\_