YES NO Do you have a heart pacemaker or any other battery operated or electrical implant?

YES NO Are you pregnant or breastfeeding?

YES NO Do you currently have a fever, infection or injury?

YES NO Have you recently had high blood pressure, a heart attack or other cardiovascular problem?

YES NO Do you have a history of dizziness, fainting spells, heat sensitivity, narcolepsy or seizures?

YES NO Do you suffer from any bleeding disorders?

\*\*\*If you answered YES to any of these questions it is not recommended that you use the infrared sauna at this time. We suggest that you consult your Primary Health Care Physician to obtain a release form before proceeding with infrared sauna therapy.\*\*\*

----- Sauna sessions should be limited to no more than 30 minutes. Drink plenty of water before, during and after your session. If you experience pain and/or discomfort, immediately discontinue your session and exit the sauna. If you are on any medications, consult with your doctor before using the infrared sauna. Do not use drugs, tobacco, or alcohol prior to or during the sauna session. No one under the age of 12 is permitted to use the sauna. Anyone under the age of 18 must be accompanied by a guardian. If there is a minor in the sauna, the temperature is to be set no higher than 115 degrees. You are responsible for any damage caused by yourself or the minor who is accompanying you. If you have a medical condition or are on any prescription medications, consult with your physician before using the infrared sauna. Discontinue the use of the sauna if you feel light-headed, dizzy, heat exhausted, or unwell. -----

I will abide by the rules on this form and those posted in the sauna room.

I acknowledge and accept the risks inherent in the use of the infrared sauna. I voluntarily assume (for myself or the undersigned minor) the risk of injury, accident or death, which may arise from the use of the infrared sauna.

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 certify that everything on this form is true and correct to the best of my knowledge. I also understand that the infrared sauna is not intended to diagnose, treat, cure, or prevent any disease or ailment.

Printed Name of Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_