
Infrared Sauna Intake & Liability Release Form

Name: _____ Date of Birth: _____

Address: _____ City _____ State _____ Zip _____

Phone: (Home) _____ (Cell) _____ E-mail: _____

Emergency Contact: _____ Phone: _____

Employer/Occupation: _____

Reason/Goals for Visit: _____

Have you ever used infrared sauna before? _____

How did you hear about us? _____

Please Answer the Following Questions:

1. Are you pregnant? How far along? Yes () No ()
2. Are you taking any medications? 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 severe arterial disease? Yes () No ()
7. Have you been diagnosed with any other medical condition? Yes () No ()

If "yes", which condition? _____

If you answered "yes" to any of the above questions; have you consulted with your medical provider about using a far infrared Sauna? Yes () No ()

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

FULL SPECTRUM INFRARED SAUNA AGREEMENT/ ACKNOWLEDGEMENT

1. The use of drugs, medication or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness. Clients using any medications must consult a physician or pharmacist prior to the use of the sauna.
2. Please consult your physician if you are in doubt of your ability to use the far infrared for health reasons.
3. No one under the age of 18 is permitted in the far infrared sauna unless accompanied by a supervising adult.
4. Discontinue the use of the sauna if you feel light-headed, dizzy or heat exhausted.
5. Sauna sessions should be limited to no more than 30 minutes and temperatures must stay below 135 degrees Fahrenheit.
6. Plastic water bottles are not permitted in the sauna.
7. Clients using any medications must consult a physician or pharmacist prior to the use of the sauna.
8. Pregnant women should consult their physician prior to the use of the sauna. Excessive body temperatures have a potential for causing fetal damage during the early days of pregnancy.

I acknowledge and voluntarily assume the risk of injury, accident or death which may arise from the use of a far infrared sauna. I and any of my heirs, executors, representatives, or assigns hereby release for the all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of the far infrared sauna and from any advice provided by an employee, independent contractor or any representative. I agree that this Application and Waiver is in effect for all far infrared sauna sessions.

Signature _____ Date _____



Policies & Procedures

- **Appointment Hours** – Monday, Wednesday and Thursday, 9 am to 6 pm.
- **Scheduling Appointments/Questions** – email, phone or text.
- **Cancellation Policy** – please provide at least 24 hours’ notice for cancelling or rescheduling your appointment in order to avoid a \$25 fee. Appointment times are exclusively reserved for you.
- **Payment** – payment is expected at the time of service: cash, checks, credit cards (VISA, Mastercard, Discover), or debit card.

I, _____, agree to the above policies and procedures as set forth in this document.

Signature

Date