



Consent Form: Infrared Sauna



Please Note: This a fragrance free establishment. Any perfumes, smoke, or scents may cause a severe reaction in others.

Please fill out the form below.

Consent to use the far infrared sauna is conditional upon provision of accurate answers to the following questions and signing this agreement.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Preferred communication for confirming appointments and other special offers:

Phone _____ Email _____ Text _____ Cell #: _____

Emergency Contact: _____ Relationship: _____ Emergency Contact Phone: _____

Reason/Goals for Visit: _____



PLEASE INITIAL IF IN AGREEMENT TO THE FOLLOWING:

- I have not/will not use drugs or alcohol prior to or during the sauna session and realize it may lead to dizziness or unconsciousness.
- I am not currently pregnant.
- If I am on medication, I have consulted with my physician prior to the use of the infrared sauna.
- I have not been diagnosed with Anhidrosis, or other medical condition that may limit or prevent my ability to sweat
- I have not been diagnosed with unstable angina.
- I have not had a recent heart attack.
- I do not have severe arterial disease or circulatory system problems, or if I do—I have consulted with a physician prior to using the sauna.
- I will not exceed the maximum of 45 minutes in my sauna session.

It is always important to maintain proper hydration levels during 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.

INFRARED SAUNA AGREEMENT/ ACKNOWLEDGMENT

1. The use of drugs, medication or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness.
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 45 minutes and temperatures must stay below 150 degrees Fahrenheit.
6. 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.





CONTRADICTIONS

- **Medications:** Individuals who are using prescription drugs should seek the advice of their personal physician and/or pharmacist for possible changes in the drugs effect when the body is exposed to far infrared waves or elevated body temperature. Diuretics, barbiturates and beta blockers may impair the body's natural heat loss mechanisms. Anticholinergics such as amitryptaline may inhibit sweating and can predispose individuals to heat rash or to a lesser extent, heat stroke. Some over-the-counter drugs, such as antihistamines, may also cause the body to be more prone to heat stroke.
- **Children and the Elderly:** Infrared saunas are safer for children and elderly individuals as they are effective at lower temperatures. However, the core body temperature of children rises much faster than adults and the ability to maintain core body temperature decreases with age. Children under 6 should not use the sauna and children and elderly individuals should not use for more than 15 minutes.
- **Cardiovascular Conditions:** Individuals with cardiovascular conditions or problems (hypertension/hypotension), congestive heart failure, impaired coronary circulation or those who are taking medications which might affect blood pressure should exercise caution when exposed to prolonged heat. Heat stress increases cardiac output and blood flow in an effort to transfer internal body heat to the outside environment via the skin (perspiration) and respiratory system. This takes place primarily due to major changes in the heart rate, which has the potential to increase by thirty (30) beats per minute for each degree increase in core body temperature.
- **Alcohol / Alcohol Abuse:** Contrary to popular belief, it is not advisable to attempt to "sweat out" a hangover. Alcohol intoxication decreases a person's judgment; therefore, he/she may not realize when the body has a negative reaction to high heat. Alcohol also increases the heart rate, which may be further increased by heat stress.
- **Chronic Conditions / Diseases associated with a reduced ability to sweat or perspire:** Multiple Sclerosis, Central Nervous System tumors and Diabetes with neuropathy are conditions that are associated with impaired sweating.
- **Hemophiliacs / Individuals prone to bleeding:** The use of infrared saunas should be avoided by anyone who is predisposed to bleeding.
- **Fever:** An individual who has a fever should not use an infrared sauna until the fever subsides.
- **Insensitivity to heat:** An individual with insensitivity to heat should not use an infrared sauna.
- **Pregnancy:** Pregnant women should consult a physician before using an infrared sauna.
- **Menstruation:** Heating of the low back area of women during the menstrual period may temporarily increase their menstrual flow.
- **Joint Injury:** If you have a recent joint injury, it should not be heated for the first 48 hours after an injury or until the swollen symptoms subside. If you have a joint or joints that are chronically hot and swollen, these joints may respond poorly to vigorous heating of any kind.
- **Implants:** Metal pins, rods, artificial joints or any other surgical implants generally reflect infrared waves and thus are not heated by this system. Nevertheless, you should consult your physician prior to using an infrared sauna.
- **Pacemaker / Defibrillator:** The magnets used to assemble our saunas can interrupt the pacing and inhibit the output of pacemakers. Please discuss with your doctor the possible risks this may cause.

I acknowledge and accept the risks inherent in the use of the sauna. I voluntarily assume the risk of injury, accident, or death which may arise from the use of the sauna. I and 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 sauna, and from any advice provided by an employee, independent contractor, or any representative.

I further understand that Salt MedSpa is NOT a medical doctor and is NOT attempting to portray or conduct the activities of a medical doctor, and I release the facility and manufacturer from any adverse effects I may incur by the use of the sauna. I have carefully read the above safety instructions for using a Sunlighten sauna. I fully understand them and fully agree to comply with instructions. This agreement is in effect for all sauna sessions and will not expire unless requested in writing by either party. My signature acknowledges that I have read and agree to receive the sauna session or series of sessions and I will adhere to all of the aforementioned statements that I have initialed.



Client Signature: _____ Date: _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION): This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liability incidents to my minor child's involvement or participation in these services as provided above, to the fullest extent permitted by law.

Parent/Guardian If Minor: _____ Date: _____

