



NIECY'S

WELLNESS & MEDICAL SPA

128 Princeton Rd. Ste. #3
Johnson City, TN 37601
(423) 410-0772
office@niecyswellnessandmedicalspa.com

Sauna Waiver Form:

The use of a sauna is not intended to treat, cure or prevent any illness or condition. All medical conditions should be treated by a physician competent in treating that particular condition. Clearance from medical primary care doctor is required before use of sauna at Niecy's Wellness and Medical Spa. Niecy's Wellness and Medical Spa assumes no responsibility for customers choosing to treat themselves.

The use of a sauna is not intended to substitute for medical care or treatment. Do not stop your medication without first consulting with your doctor or medical professional. A sauna is NOT a substitute for any conventional medication or medical condition. The information contained herein is not intended to cover all possible uses, directions, precautions, warnings, drug interactions, allergic reactions, or adverse effects. If you have any questions about sauna use, or possible contraindications, please consult with your physician or health professional.

NAME _____ DOB _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (____) - _____ - _____ EMAIL _____

REFERRED BY: _____ REASON FOR APPT _____

About and Benefits of Sauna Use

Saunas use heat or steam to create an atmosphere that will raise your core body temperature to illicit a natural response that is extremely beneficial to your body. During the session after being exposed to infrared heat, you will sweat and your heart rate will increase to pump more blood to your skin. This process mimics the effects of exercise and provides similar health benefits. Our sauna is a 6-person sauna. An additional charge is incurred for private single sessions.

What is Infrared:

Infrared light (experienced as heat) is the invisible part of the sun's spectrum with the ability to penetrate human tissue, providing a soothing, natural warmth. It is naturally occurring from the sun and is the basis for our sauna therapy.



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Is it Safe?

Infrared heat is completely safe and healthy for all living things. You can be exposed to infrared light for hours without the risk of burning. Infrared is a naturally occurring output of the sun that does not contain the harmful UV rays associated with unprotected sunlight. In fact, infrared heat is so safe, it is used in hospitals to warm newborn infants.

Benefits include:

- Weight loss
- Natural detoxing
- Eases sinus and chronic ear infections
- Clears and improves skin
- Improves sleep and provides stress relief
- Pain management
- Supports cardiovascular health
- Great for exercise and muscle recovery

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Are you currently pregnant/breast feeding? Y/N
2. Are you taking any medications? Y/N
Please list medication: _____
3. Do you have any pertinent medical dx that could inhibit your ability to sweat? (multiple sclerosis, diabetes with neuropathy, CNS tumors, anhidrosis etc.) Y/N
4. Do you have unstable angina (chest pain) or a recent heart attack? Y/N
5. Do you have a pacemaker or defibrillator? Y/N
6. Do you have any other surgical implants? (Metal rods/pins, artificial joint etc.) Y/N
7. Do you have severe cardiovascular disease? (Peripheral vascular disease, coronary artery disease, valve regurgitation or stenosis etc.) Y/N
8. Are you currently taking any diuretics, barbiturates, beta blockers, or anti histamines? Y/N
9. Have you been diagnosed with any other medical condition? If "yes" please describe below Y/N

If you answered yes to any of the above questions, have you received clearance from your primary provider or have you used a sauna/hot tub before?

Y/N

If answered no, please seek medical clearance from your primary provider before use of hot tub or sauna



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BEFORE YOUR APPOINTMENT

- Towels are provided for your convenience.
- Drink plenty of fluids before, during, and after your session.
- Remove all footwear before entering the sauna
- Do not apply any oils or perfume to your body before or while in the sauna
- Please take all personal items with you. This establishment will not be held liable for lost or stolen items or electronics.
- Please do not take personal items (electronics) into sauna as this establishment will not be held liable for any type of damage.
- We recommend showering after the use of the sauna to remove toxins from your skin.

Cancellation Policy: Must cancel appointment at least 24 hours before scheduled appointment. Failure to do so will result in payment of deposit.

SAUNA AND HOT TUB AGREEMENT/ ACKNOWLEDGEMENT

- The use of drugs, alcohol, or medications prior to or during the sauna session may lead to dizziness or unconsciousness.
- Discontinue the use of sauna immediately if you feel lightheaded, dizzy, or heat exhausted.
- Pregnant women should consult their physician before use of the sauna
- Hemophiliacs and persons with disorders or taking medications with increased bleeding risk should not use sauna unless cleared by primary care provider. Increased temperatures cause vasodilation, increasing bleeding risk.
- Clients taking any medication must consult their physician before using the sauna.
- A good rule of thumb is to not eat an hour before using the sauna to avoid nausea.
- Some people may experience detoxification symptoms such as nausea, dizziness, and fatigue. Most people will not experience these symptoms.
- Sauna tub use is limited to one time daily.
- Please consult your physician if you have any doubts about your ability to use the sauna

BY SIGNING THIS WAIVER I AGREE THAT:

- I understand sauna information and I accept the risks, and possible side effects of the treatment.
- I grant Niecy's Wellness and Medical Spa permission to provide sauna use and I do not hold them responsible for any adverse health reactions.
- I am aware that the results are not guaranteed and I may require more treatments to achieve my desired results.
- I will make Niecy's Wellness and Medical Spa aware of any changes to my medical history before every subsequent treatment.
- I acknowledge that this consent will cover this treatment as well as subsequent treatments I may have.
- At Niecy's Wellness and Medical Spa, we ask that you obtain primary care physician clearance before any treatment



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LIMITATION OF LIABILITY: You agree, 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 damages of any kind sustained while on the premises, during the use of hot tub/sauna and from any advice provided by an employee, independent contractor, or any representative. I agree that this disclaimer and consent is in effect for all sauna sessions and will not expire unless specifically requested by either party. I understand that if any new health conditions and/or medication changes are made, I will consult with my primary care doctor to be cleared again before further use. I further understand that the employees and practitioners at Niecy's Wellness and Medical Spa are not medical doctors and are not attempting to portray or conduct the activities of a medical doctor. I have carefully read the above safety instructions for using the infrared sauna. I fully understand them and fully agree to comply with instructions. I will consult with the staff of Niecy's Wellness and Medical Spa if I have further questions.

NAME: _____

DATE: _____

SIGNATURE: _____

DATE: _____

If under the age of 18- PARENT GUARDIAN

SIGNATURE: _____

DATE: _____

PRACTITIONER NAME: _____

DATE: _____

SIGNATURE: _____

DATE: _____

MEDICAL DIRECTOR NAME: _____

DATE: _____

SIGNATURE: _____

DATE: _____