

Autumn

Moon's

Sauna



Infrared Sauna Release Form

Name _____

Birthdate _____ Age _____

Address _____ Telephone _____

City, State, ZIP _____ Email _____

Emergency Contact (Name/Phone) _____

Primary Physician/Providers _____

How did you hear about Autumn Moon's Sauna? _____

Have you ever used an infrared sauna before? **YES / NO**

Please, list any allergies you may have: _____

Is there anything else you feel we should know? _____

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 40 minutes.

Drink plenty of water before, during and after your session.

If you experience pain and/or discomfort, immediately discontinue 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 18 is permitted in the far infrared sauna.

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 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 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.

Client Signature _____ Date _____

