



Infrared Sauna Use Waiver and Release of Liability

Participant Name: _____ Date of Birth: _____
Phone Number: _____ Email Address: _____

Introduction

The undersigned acknowledges and agrees that the use of an infrared sauna involves inherent risks, including but not limited to dehydration, heat exhaustion, dizziness, and other potential health complications. By signing this waiver, the participant voluntarily assumes all risks associated with the use of the infrared sauna.

Acknowledgment of Health Risks

I acknowledge and understand that:

1. The infrared sauna is designed to provide relaxation and potential health benefits, but it may not be suitable for individuals with certain medical conditions, including but not limited to:
 - Cardiovascular disease
 - Pregnancy
 - High or low blood pressure
 - Epilepsy or seizure disorders
 - Diabetes
 - Use of medications that impair sweating/heat tolerance
2. I have consulted with a physician regarding my ability to use the infrared sauna safely or confirm that I am in good health and able to participate without risk.
3. I understand that excessive heat exposure can cause serious health risks, and I agree to follow all safety guidelines, including limiting my session to the recommended duration and staying hydrated before, during, and after use.

Release of Liability

I hereby release, waive, and discharge [Company/Facility Name], its owners, employees, agents, and affiliates from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, injury, or damages that may occur as a result of my use of the infrared sauna, including but not limited to negligence.

Assumption of Risk

I acknowledge that I am using the infrared sauna voluntarily and assume full responsibility for any and all risks, injuries, or damages that may result from its use.

Indemnification

I agree to indemnify and hold harmless [Company/Facility Name] from any claims, damages, or expenses arising out of my use of the infrared sauna.

Acknowledgment and Agreement

By signing below, I acknowledge that I have read, understood, and agree to the terms and conditions of this waiver. I certify that I am of legal age and have the authority to sign this document.

Participant Signature: _____ Date: _____
Emergency Contact Name: _____ Emergency Contact Phone: _____