

INFORMED CONSENT FOR INFRARED SAUNA

_____ If at any time, I have any of the following conditions, I understand that infrared sauna treatment is not recommended for that day, until the condition resolves:

- Under the influence of Drugs or Alcohol
- Cardiovascular Issues
- Conditions associated with the Impaired Ability to Sweat
- Fever
- Airway Irritability
- Claustrophobia
- Heat Insensitivity
- Hemophilia
- Pregnancy
- Acute Injuries should be avoided for 72 hours
- Low Blood Pressure
- Pregnancy
- Peripheral Artery Disease
- Medications that alter heat sensitivity
- Dehydration
- Lack of Nourishment
- Leg Pain

_____ I understand that it is my responsibility to inform the staff if I have any of the above conditions, prior to entering the chamber.

_____ I have truthfully answered all medical questions and revealed all known medical issues, treatments and medications to the clinic staff.

_____ I understand no therapeutic outcomes as a result of this treatment can be guaranteed.

_____ I have been shown how to alert the office staff while inside the sauna and agree to communicate any changes that occur in my health or wellbeing while receiving and immediately following treatment.

_____ I acknowledge the the staff has reviewed the information I have provided and has approved use of the infrared sauna. I will limit the sauna session to 30 minutes and stay at or below 150 degrees Farenheit.

_____ I acknowledge there is a strictly enforced 24-hour cancellation policy. All scheduled sessions not canceled 24 hours in advance to the scheduled treatment could result in a cancelation fee.

_____ I understand that I will discontinue the use of the sauna if I feel light-headed, dizzy, or heat exhausted.

Having been clearly informed of treatment risks, procedures and my responsibility as a patient I willfully consent to treatment in the infrared sauna. I acknowledge and volunarily assume the risk of injury, accident, or death which may arise from the use of the infrared sauna. I, on behalf of myself and any of my heirs, executors, representatives, or assignees, hereby waive and release 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.

Name

Signature

Date