

# New Customer Release Form

## Customer Information:

Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Email \_\_\_\_\_

How Did You Hear About Us:    Our Website    Google Search    Facebook    Instagram

Other \_\_\_\_\_

## Melt Sauna Studio Release:

1. I have not used or taken any drugs or alcohol prior to or during my sauna session as I understand that such use may lead to dizziness or unconsciousness and is strictly prohibited.
2. I will immediately discontinue use of the sauna if I experience any of the following: pain, dizziness, lightheadedness, or heat exhaustion.
3. I have consulted with a physician prior to using the sauna and been advised that I do not have any of the conditions listed on Exhibit 1. I also have no reason to question my ability to use the sauna for any health condition not listed on Exhibit 1.
4. I confirm that I do not have a fever or infection and if I did, I would not use the sauna until all of the conditions have subsided.
5. If I am under the age of 18, I acknowledge that I must have written permission from a parent or guardian, which permission is evidenced by my parent or guardian's signature below. I also acknowledge that as a minor, time in the sauna and temperature modifications will apply.
6. If I am under the age of 12, Melt Sauna Studio reserves the right to prohibit my use of the sauna, regardless of the written permission of my parent or guardian. Furthermore, Melt Sauna Studio may require a physician's written permission.
7. I acknowledge that I do not have a known history of hemophiliac tendencies or being prone to bleeding. If I suffer from any of those conditions, I agree not to use the sauna.
8. I acknowledge that I drank at least 16 ounces of water within three hours prior to my sauna, to ensure that I am properly hydrated.
9. I agree that if this is my first use of the sauna, that the unit will not be turned above a level of seven in order to determine my tolerance to intensity.
10. I understand that prolonged contact with the solo unit filaments in the sauna may result in skin irritation or burns. I therefore will refrain from making contact with the sides and top of the sauna and if I am unable to do so, understand that I should exit the sauna and refrain from use.

11. I understand that the size of the sauna is 18 inches tall and 28 inches wide and if the circumference of my body does not allow for freedom from contact that I shall consult a MELT Sauna Studio staff member or refrain from use of the sauna.
12. I understand that sensitive skin and/or medications may cause my skin to get irritated or burn due to the heat produced by the sauna. If I have either of those conditions, I acknowledge that I have consulted my physician and my physician has advised me that it is safe to use the sauna.
13. I understand that if I feel any burning or discomfort on my skin during my session in the sauna, I shall stop the session immediately and exit the sauna.

I agree to the 13 statements above and have read and initialed the Contraindications provided on Exhibit 1 and acknowledge and accept the risks inherent in the use of an infrared sauna. I voluntarily assume the risk of injury or accident which may arise from the use of an infrared sauna.

I, \_\_\_\_\_, WAIVE AND RELEASE, indemnify, hold harmless and forever discharge MELT Sauna Studio and its agents and employees, of and from any and all claims, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I may have, arising from or in any way related to my use of the sauna. On behalf of myself, my heirs, assigns, and next of kin, I waive all claims for damages and injuries that I may have against MELT Sauna Studio.

I have read and understand the terms of this RELEASE. I am signing this RELEASE voluntarily and under no duress and without inducement. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and am fully competent to enter into this waiver.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian of minor under age of 18

\_\_\_\_\_  
Staff Signature

## Exhibit 1

By initialing below I \_\_\_\_\_ state that I do not have any of the following conditions and acknowledge that physician approval is required for all of the conditions below before sauna use:

\_\_\_\_\_(Initial) **Cardiovascular Issues, Obesity or Diabetes** - Individuals suffering from obesity or with a medical history of heart disease, low or high blood pressure, circulatory problems or diabetes must consult a physician prior to use. 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.

\_\_\_\_\_(Initial) **Medications including but not limited to: Diuretics, barbiturates, beta-blockers, anticholinergics, and antihistamines.** - Individuals who are using prescription drugs must seek the advice of his or her physician prior to use because some medications may induce drowsiness, while others may affect heart rate, blood pressure and circulation. Diuretics, barbiturates and beta-blockers may impair the body's natural heat loss mechanisms. Anticholinergics such as amitriptyline 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.

\_\_\_\_\_(Initial) **Chronic Conditions / Diseases Associated with Reduced Ability to Sweat or Perspire-** Multiple Sclerosis, Central Nervous System Tumors and Diabetes with Neuropathy are conditions that are associated with impaired sweating. You must consult a physician prior to use.

\_\_\_\_\_(Initial) **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 must consult your physician prior to using.

\_\_\_\_\_(Initial) **Kidney diseases, Weak or Compromised Immune System** - Individuals with these conditions are more prone to dehydration.

\_\_\_\_\_(Initial) **Unhealed Wounds** - The sauna may exacerbate illness or injury.

\_\_\_\_\_(Initial) **Pregnancy** - Pregnant women must consult a physician prior to use.

\_\_\_\_\_(Initial) **Pacemakers / Defibrillators** - The magnets used to assemble our saunas can interrupt the pacing and inhibit the output of pacemakers. You must consult with your physician to understand the possible risks this may cause.

By initialing below I \_\_\_\_\_ state that I do not have any of the following total contraindications and understand that sauna usage is prohibited for any of these conditions:

\_\_\_\_\_(Initial) **Alcohol & Drug 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. The use of alcohol, drugs, or medications prior to a sauna session may lead to unconsciousness.

\_\_\_\_\_(Initial) **Fever & Insensitivity to Heat** - Individuals with insensitivity to heat or who have a fever must not use the sauna until the fever subsides.

\_\_\_\_\_(Initial) **Hemophiliacs / Individuals Prone To Bleeding** - The use of infrared saunas must be avoided by anyone who is predisposed to bleeding.

By initialing below I \_\_\_\_\_ state that I am aware of the following possible side-effects and adverse reactions that may occur with sauna use, that include but are not limited to:

- \_\_\_\_\_ (Initial) **Mild to Moderate Heat Discomfort**
- \_\_\_\_\_ (Initial) **Low or High Blood Pressure**
- \_\_\_\_\_ (Initial) **Light-headedness or Dizziness**
- \_\_\_\_\_ (Initial) **Transient Leg Pain**
- \_\_\_\_\_ (Initial) **Airway Irritation**
- \_\_\_\_\_ (Initial) **Dehydration or Overheating**
- \_\_\_\_\_ (Initial) **Hyper-pigmentation, Scaling, Telangiectasias**
- \_\_\_\_\_ (Initial) **Dizziness and Nausea**

**Alternatives to Treatment:**

\_\_\_\_\_ (Initial) I understand that even though the use of MELT's IR Saunas may provide some health benefits, that they are not intended to be used for actual treatment for any medical condition in replacement of other treatment options.

Modifications to Sauna use must be used for the following situations:

- **Elderly**- The ability to maintain core body temperature decreases with age. This is primarily due to circulatory conditions and decreased sweat gland function. The body must be able to activate its natural cooling processes in order to maintain core body temperature. If elderly, operate at a lower temperature and for no more than 15 minutes at a time.
- **Children** - The core body temperature of children rises much faster than adults. This occurs due to a higher metabolic rate per body mass, limited circulatory adaptation to increased cardiac demands and the inability to regulate body temperature by sweating. When using with a child, operate at a lower temperature and for no more than 15 minutes at a time.
- **Menstruation** - Heating of the low back area of women during the menstrual period may temporarily increase menstrual flow. This increased flow should not preclude sauna use.

**Exhibit 1**