Kelly’s Health & Wellness

Infrared Sauna Consent and Release Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand and agree to the following information:**

**I should not use the infrared sauna if I:**

* Have a pacemaker or defibrillator, which may be negatively affected by magnets used to assemble the infrared sauna
* Have a recent (within 48 hours) joint injury
* Have chronically hot & swollen joints o Have an enclosed infection (dental, in joints or any other tissue)
* Have hemophilia, or anyone predisposed to hemorrhage
* Have multiple sclerosis, central nervous system tumors or any condition associated with impaired sweating
* Have a fever, or a condition that makes you insensitive to heat o Am under the influence of drugs or alcohol

**I should consult a physician before using the infrared sauna if I:**

* Am pregnant (will require written physician consent)
* Am breastfeeding
* Have a history of heart conditions
* Am using medications such as diuretics, barbiturates, antihistamines and beta-blockers

I have read the list of contraindications and understand them and have also had an opportunity to ask any questions to a staff member. To my knowledge, I have no medical condition or contraindication which would preclude me from doing infrared sauna treatments. I understand that the infrared sauna is for the purpose of detoxification and is not intended to take place of medical care or medications.

I understand that I take full responsibility for my own health and well-being. I acknowledge that the results of infrared sauna use do vary, and that no guarantees of specific results are offered or implied.

I agree to hold Kelly’s Health & Wellness and owner harmless from any liability involved in the use of the infrared sauna. Kelly’s Health & Wellness have explained this treatment to me and answered all of my questions. I acknowledge that I have read and completely understand this consent form, and agree to the above waivers of liability, recommendations and terms.

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF THE CLIENT IS UNDER 18 YEARS OF AGE: As Parent/Legal Guardian of the above listed Client, I acknowledge that I have read and understood the safety standards and warnings provided to me by Kelly’s Health & Wellness and thereby authorize the person named above to participate in infrared sauna sessions. I acknowledge that I have read and completely understand this consent form, and agree to the above waivers of liability, recommendations and terms. I attest that I have provided accurate age, identity and relationship verification.

 Parent/guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_