

## **Infrared Sauna Release Form**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact (Name/Phone) \_\_\_\_\_

Primary Physician/Providers \_\_\_\_\_

How did you hear about SunCare? \_\_\_\_\_

- Have you ever used an infrared sauna before? YES / NO
- Do you have a heart pacemaker or any other battery operated or electrical implant? YES /NO
- Do you suffer from Parkinsons, Multiple Sclerosis, A Central Nervous System Tumor or Diabetic Neuropathy? YES /NO
- Are you pregnant or breastfeeding? YES /NO
- Do you currently have a fever, infection or injury (cuts/swollen joints etc.)? 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? YES /NO

Please, list any allergies you may have: \_\_\_\_\_

Is there anything else you feel I should know? \_\_\_\_\_

**\*\*\*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. \*\*\***

- Are you under the age of 16 /over the age of 65? YES /NO
- Do you have a metal pin, rod, artificial joint or any surgical implants? YES /NO
- Are you currently taking diuretics, barbiturates, beta-blockers or antihistamines? YES /NO
- Are you currently having a heavy menstrual period? YES /NO
- Do you have a hard time breaking a sweat? YES /NO

**\*\*\*If you answered YES to any of the above you need to be cautious. Please slightly open the door of the sauna to allow cool air to come in if you are too hot. \*\*\***

**BOTTLED WATER IS AVAILABLE AT THE FRONT DESK FOR \$1.51**

- Sauna sessions should be limited to no more than 45 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 16 is permitted in the 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 SunCare Spray Tan and Skincare Salon 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 session. 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* \_\_\_\_\_