



Sauna use is by appointment only. Please call or stop by front-desk to schedule an appointment. Consent to use the far infrared sauna is conditional upon provision of accurate answers to the following questions and signing this agreement.

Name _____ Date Of Birth _____
Address _____ City _____ State _____ Zip _____
Phone (Home) _____ (Cell) _____ E-mail _____
How did you hear about us? _____ If referred, name of referrer _____

Please Answer the Following Questions:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------|----------------|
| 1. Are you pregnant? How far along? _____ | Yes () No () |
| 2. Are you taking any medications? | Yes () No () |
| 3. Have you been diagnosed with any medical condition, such as anhidrosis, that may limit or prevent your ability to sweat? | Yes () No () |
| 4. Do you have unstable angina? | Yes () No () |
| 5. Have you had a recent heart attack? | Yes () No () |
| 6. Do you have sever arterial disease? | Yes () No () |
| 7. Have you been diagnosed with any other medical condition?
If "yes", which condition?: _____ | Yes () No () |

If you answered "yes" to any of the above questions; have you consulted with your medical provider about using a far infrared Sauna? Yes () No ()

It is always important to maintain proper hydration levels during far infrared therapy. Dehydration will actually increase carbohydrate utilization and cause less fat to be burned for energy. We highly recommend drinking a minimum of 8 oz. of water prior to entering the sauna and a minimum of 8 oz. of water after sauna use.

FULL SPECTRUM INFRARED SAUNA AGREEMENT/ ACKNOWLEDGEMENT

1. The use of drugs, medication or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness. Clients using any medications must consult a physician or pharmacist prior to the use of the sauna.
2. Please consult your physician if you are in doubt of your ability to use the far infrared for health reasons
3. No one under the age of 18 is permitted in the far infrared sauna unless accompanied by a supervising adult.
4. Discontinue the use of the sauna if you feel light-headed, dizzy or heat exhausted.
5. Sauna sessions should be limited to no more than 45 minutes and temperatures must stay below 150 degrees Fahrenheit.
6. Plastic water bottles are not permitted in the sauna.
7. Clients using any medications must consult a physician or pharmacist prior to the use of the sauna.
8. Pregnant women should consult their physician prior to the use of the sauna. Excessive body temperatures have a potential for causing fetal damage during the early days of pregnancy.

I acknowledge and voluntarily assume the risk of injury, accident or death which may arise from the use of a far infrared sauna. I and any of my heirs, executors, representatives, or assigns hereby release for the all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of the far infrared sauna and from any advise provided by an employee, independent contractor or any representative. I agree that this Application and Waiver is in effect for all far infrared sauna sessions and will not expire unless specifically requested by either party.

Signature _____ Date _____