Far-infrared Sauna Agreement & Waiver

Sauna use is by appointment only. Please call or stop by to schedule an appointment. (Consent to use the far infrared Sauna is conditional upon provision of accurate answers to the following questions and signing the Far-infrared Sauna Agreement.) Address City Phone: (Home): ______, (Cell): _____ Questions: 1. Do you smoke? Yes No Sorry, smokers are not permitted in the sauna. The wood surface absorbs tobacco odor released from the pores of the body and will cause damage to the sauna and may cause allergic reactions to other clients. 2. Are you pregnant? Yes __ No __ Pregnant women should consult a physician before using the sauna because fetal damage can occur with a certain elevated body temperature. 3. Are you taking medications? Yes _ No _ If Yes, have you consulted with your Doctor or Pharmacist about using the Far infrared Sauna while taking your medications? Yes _ No _ Individuals who are using prescription drugs should seek the advice of their personal physician or a pharmacist for possible changes in the drugs effect when the body is exposed to far infrared waves or elevated body temperature. Diuretics, barbiturates and beta-blockers may impair the body's natural heat loss mechanisms. Some over the counter drugs such as antihistamines may also cause the body to be more prone to heat stroke. 4. Do you have Diabetes with Neuropathy, Parkinson's, MS or Lupus? Yes _ No _ If Yes, have you consulted with your Doctor or Pharmacist about using the Far infrared Sauna? Yes No Parkinson's, Multiple Sclerosis, Central Nervous System Tumors and Diabetes with Neuropathy are conditions that are associated with impaired sweating. 5. Cardiovascular Conditions: a. Do you have unstable Angina? Yes _ No _ b. Have you had a recent Heart Attack? Yes _ No _ c. Do you have Severe Arterial Disease or any other cardiovascular conditions/problems? Yes _ No _ Individuals with cardiovascular conditions or problems (hypertension / hypo tension), congestive heart failure, impaired coronary circulation or those who are taking medications, which might affect blood pressure, should exercise extreme caution when exposed to prolonged heat. Heat stress increases cardiac output, 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. 4. Do you sweat? Yes _ No _ An individual that has insensitivity to heat should not use the sauna. 5. Do you have any implants? Yes _ No _ Metal pins, rods, artificial joints or any other surgical implants generally reflect far infrared waves and thus are not heated by this system, nevertheless you should consult your surgeon prior to using an Infrared Sauna. Certainly, the usage of an Infrared Sauna must be discontinued if you experience pain near any such implants. Silicone does absorb far infrared energy. Implanted silicone or silicone prostheses for nose or ear replacement may be warmed by the far infrared waves. Since silicone melts at over 200°C (392°F), it should not be adversely affected by the usage of an Infrared Sauna. It is still advised that you check with your surgeon and possibly a representative from the implant manufacturer to be certain. 6. Do you have a recent joint injury? Yes _ No _ If you have a recent (acute) joint injury, it should not be heated for the first 48 hours after an injury or until the hot and swollen symptoms subside. If you have a joint or joints that are chronically hot and swollen, these joints may respond poorly

7. Are you 18 years old? Yes _ No _

in joints or in any other tissues.

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. Consult with the child's Pediatrician before using the sauna. Anyone under 18 must be accompanied by an adult.

to vigorous heating of any kind. Vigorous heating is strictly contra-indicated in cases of enclosed infections be they dental,

Additional factors to consider before using our Far-infrared Sauna

8. Menstruation

Heating of the low back area of women during the menstrual period may temporarily increase their menstrual flow. Some women endure this process to gain the pain relief commonly associated with their cycle whereas others simply choose to avoid sauna use during that time of the month.

9. Alcohol

Contrary to popular belief, it is not advisable to attempt to "Sweat Out" a hangover. Alcohol intoxication decreases a person's judgment; therefore they may not realize it when the body has a negative reaction to high heat. Alcohol also increases the heart rate, which may be further increased by heat stress.

10. Hemophiliacs / Individuals Prone To Bleeding

The use of Infrared should be avoided by anyone who is predisposed to bleeding.

11. Fever

An individual that has a fever should not use the sauna.

12. 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.

13. Pacemaker / Defibrillator

The magnets used to assemble our units can interrupt the pacing and inhibit the output of pacemakers. Please discuss with your doctor the possible risks this may cause. It is always important to maintain proper hydration levels during Farinfrared therapy. Dehydration will actually increase carbohydrate utilization and cause less fat to be burned for energy. It is recommend drinking a minimum of 8 oz. water prior to entering the sauna and a minimum 8 oz. of water after sauna use. In the event that any dizziness, light-headedness, pain or discomfort is experienced, immediately discontinue sauna use.

FAR-INFRARED SAUNA AGREEMENT

- 1. Smokers are not permitted in the sauna. The wood surface absorbs tobacco odor released from the pores of the body and will cause damage to the sauna and may cause allergic reactions to other clients.
- 2. The use of drugs, medication or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness.
- 3. Please consult your physician if you are in doubt of your ability to use the Far-infrared Sauna for health reasons.
- 4. No clients under the age of 18 are permitted in the Far-infrared Sauna unless accompanied by a supervising adult.
- 5. Please discontinue the use of the sauna if you feel light-headed, dizzy or heat exhausted.
- 6. Sauna sessions should be limited to a maximum of 30 minutes and temperatures must stay below 150° F.
- 7. It is advisable to drink plenty of water before and after sauna session. Water bottles are not permitted in the sauna. It is advised not to eat at least one to two hours prior to your sauna session to avoid any ill feelings.
- 8. Clients using any medications must consult a physician or pharmacist prior to the use of the sauna.
- 9. 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.
- 10. Do not use any chemicals or lotions prior to your sauna session. These items may block pores and affect perspiration as well as stain the wood of the sauna.

I acknowledge and accept the risks inherent in the use of the Far-infrared Sauna. I voluntarily assume the risk of injury, accident or death, which may arise from the use of the Far-infrared Sauna. I and any of my heirs, executors, representatives or assigns hereby release from 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 advice 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 requested by either party and understand it is my personal responsibility to consult with my Doctor regarding my participation.

Client Signature:	Date:
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