



## INFRARED SAUNA AGREEMENT AND CONSENT FORM

Name (First & Last): \_\_\_\_\_ DOB: \_\_\_\_\_

E-mail : \_\_\_\_\_ Phone: \_\_\_\_\_

1. Please keep track of time to be courteous of the appointments after you. If you booked a 30 minute sauna- You may use the room for 45 minutes. 40 minute sauna-You may use the room for 60 minutes. You will be given a timer to track the time spent in the sauna.
2. Sauna sessions should be limited to a maximum of 40 minutes and temperature must stay below 150 degrees Fahrenheit. It is always important to maintain proper hydration levels during infrared therapy. *We highly recommend you drink a minimum of 4 oz. of water before sauna and 8 oz of water after sauna use. Water is available in lobby. Water bottles are also available for purchase.* Please DO NOT bring any liquids/water into the sauna. There is risk of electrocution if spilled. Alcohol consumption is not permitted during sauna use.
3. No clients under the age of 18 are permitted in the infrared Sauna unless accompanied by a supervising adult. Use by children under age 16 is not recommended as the core body temperature of children rises much faster than adults.
4. For optimal results, skin should be free of deodorant, make up, fragrances, oils, and lotions. Please remove all jewelry.
5. Please discontinue the use of the Sunlighten sauna if you feel light-headed, dizzy or heat exhausted. The walls of the sauna become very hot during the session. Please do not lean against the walls without the backrest.

### Please answer the following questions:

1. Are you pregnant? Yes ( ) No ( )

If yes, it is advised you consult your doctor before using the sauna. Excessive body temperatures have a potential for causing fetal damage, especially during the early days of pregnancy.

2. Are you taking medications? Yes ( ) No ( )

The use of drugs, certain medications, or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness. If you are currently taking medications such as beta blockers, diuretics or barbiturates, which can affect your heart rate or interrupt your body's natural abilities to sweat, contact your physician prior to use of infrared sauna. Hemophiliacs and anyone predisposed to hemorrhage should avoid sauna.

3. Have you had a recent heart attack? Yes ( ) No ( )

4. Do you have unstable angina? Yes ( ) No ( )

5. Have you been diagnosed with any condition that may limit or prevent our body to sweat? Yes ( ) No ( )

Continues on back

6. Do you have severe arterial disease? Yes ( ) No ( )

7. Have you been diagnosed with any medical conditions which may make use of sauna unsafe? Yes ( ) No ( )

If you have been diagnosed with, or suspect any of the following disorders/conditions, please contact your physician prior to use of infrared sauna as it may not be appropriate for you: recent heart attack, Adrenal suppression and systematic lupus erythematosus or multiple sclerosis, recent (acute, within 48 hours) joint injury, chronically hot and swollen joints, enclosed infections (either dental, in-joints or any other tissue, breastfeeding, inability to sweat such as anhidrosis. Consult your physician if you have metal pins, rods, artificial joints or surgical implants which may reflect infrared rays.

**I understand that the infrared sauna 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 Salt Spa St. Augustine and all authorized representatives harmless from any liability involved in the use of the infrared sauna. Salt Spa St. Augustine and their staff have explained this treatment to me and all my questions, if any, were answered. I have reviewed and completely understand all the information provided to me.**

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 Salt Spa St. Augustine. 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: \_\_\_\_\_