



Infrared Sauna Intake & Consent Form

Name _____ DOB ____/____/____ Age _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact _____ Emergency Contact Phone # _____

How did you hear about us? _____

Proper Hydration

It is always important to maintain proper hydration levels during infrared sauna therapy. We highly recommend drinking a minimum of 16oz. of water prior to entering the sauna and a minimum of 16oz. of water after sauna use.

Infrared Sauna Agreement/Acknowledgement

1. The use of drugs, medications, or alcohol prior to or during the full spectrum infrared 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 contact and consult your physician if you are in doubt of your ability to use the full spectrum sauna for health reasons.
3. No clients under the age of 18 are permitted in the full spectrum infrared sauna unless accompanied by a supervising adult.
4. Please discontinue the use of the infrared sauna if you feel light-headed, dizzy or heat exhausted.
5. Sauna sessions should be limited to a maximum of 45 minutes.
6. It is advised to drink plenty of water before and after your sauna session.
7. Pregnant women should not use the full spectrum infrared sauna.
8. Clients with a medical history of circulatory system problems should consult a physician prior to using the full spectrum infrared sauna.
9. Plastic water bottles are not permitted in the full spectrum infrared sauna.
10. Do not use any chemicals, oils, or lotions prior to your sauna session. These items may block pores and effect perspiration as well as stain the wood of the sauna.

Please initial that you have read the above statements: _____

Infrared Sauna Contraindications

Medications Individuals who are using prescription drugs should seek the advice of their personal physician since some medications may induce drowsiness, while others may affect heart rate, blood pressure and circulation. Diuretics, barbiturates and beta-blockers may impair the body's natural heat loss mechanisms. Anticholinergics such as amitryptaline may inhibit sweating and can predispose individuals to heat rash or to a lesser extent, heat stroke. Some over-the-counter drugs, such as antihistamines, may also cause the body to be more prone to heat stroke.

Children 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. When using with a child, operate at a lower temperature and for no more than 15 minutes at a time.

The 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. When using with the elderly, operate at a lower temperature and for no more than 15 minutes at a time.

Cardiovascular Conditions, Obesity, or Diabetes Individuals suffering from obesity or with a medical history of heart disease, low or high blood pressure, circulatory problems, or diabetes should consult a physician prior to use. Heat stress increases cardiac output and 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.

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

Chronic Conditions / Diseases Associated With a Reduced Ability to Sweat or Perspire Multiple Sclerosis, Central Nervous System Tumors and Diabetes with Neuropathy are conditions that are associated with impaired sweating.

Hemophiliacs / Individuals Prone To Bleeding The use of infrared saunas should be avoided by anyone who is predisposed to bleeding.

Fever An individual who has a fever should not use an infrared sauna until the fever subsides.

Insensitivity to Heat An individual with insensitivity to heat should not use an infrared sauna.

Pregnancy Pregnant women should not use an infrared sauna due to the rise in core body temperature.

Menstruation Heating of the low back area of women during the menstrual period may temporarily increase their menstrual flow.

Joint Injury If you have a recent (acute) joint injury, it should not be heated for the first 48 hours after an injury or until the swollen symptoms subside. If you have a joint or joints that are chronically hot and swollen, these joints may respond poorly to vigorous heating of any kind.

Implants Metal pins, rods, artificial joints or any other surgical implants generally reflect infrared waves and thus are not heated by this system. Nevertheless, you should consult your physician prior to using an infrared sauna.

Pacemaker / Defibrillator The magnets used to assemble our wooden saunas can interrupt the pacing and inhibit the output of pacemakers. Please discuss with your doctor the possible risks this may cause.

I have read and understand the contraindications for the Sunlighten Infrared Sauna _____ (initials)

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I acknowledge and accept the risks inherent in the use of the Sunlighten full spectrum infrared sauna. I voluntarily assume the risk of injury, accident, or death which may arise from the use of the Sunlighten infrared sauna. I, on behalf of myself and any of my heirs, executors, representatives, or assignees, hereby waive and release all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of the Sunlighten full spectrum infrared sauna and from any advice provided by an employee, independent contractor or any representative.

_____ **(initials)**

I further understand that Radiance Cleansing Center is **NOT a Medical Facility** and is **NOT** attempting to portray, or conduct the activities of a Medical Facility and I release Radiance Cleansing Center and the Manufacturer from any adverse effects I may incur by the use of the Sunlighten full spectrum infrared sauna.

_____ **(Initials)**

I have carefully read the above safety instructions for using the Sunlighten full spectrum infrared sauna. I fully understand them and fully agree to comply with instructions. This agreement is in effect for all Sunlighten infrared sauna sessions/treatments and will not expire unless requested by either party.

_____ **(Initials)**

Client Signature _____

Date _____