



INFRARED SAUNA CONSENT WAIVER

To provide the best experience for our clients, infrared sauna use is by appointment use only. Permission to use the infrared sauna is contingent on you providing accurate answers to the questions below for your safety and signing this Consent Waiver.

Direct Contraindications for Infrared Sauna Usage:

Please answer 'yes' or 'no' to these questions in the blank space next to each question indicated below:

1. Do you have a fever, or are you insensitive to heat?

Individuals with insensitivity to heat or fever should not use the sauna until the fever subsides.

2. Are you pregnant? _____ If yes, have you been cleared by an Obstetrician to use the sauna?

3. Do you have a joint injury? _____

A recent (acute) joint injury should not be heated for the first 48 hours until the swollen symptoms subside. Heat can make swelling worse.

4. Do you have a pacemaker or defibrillator? _____

The magnets used to assemble the infrared sauna can interrupt the pacing and inhibit the output of pacemakers.

5. Do you have Chest Pain? _____ Or a diagnosis of unstable Angina?

Have you had a heart attack within the last 3 months? _____

If you answered 'yes' to any of these questions, we recommend that you do not use the infrared sauna without speaking with your licensed medical provider. I attest that by signing this consent waiver, I have spoken with my licensed medical provider and have been cleared to use the infrared sauna.

Safety Precautions:

Please read carefully, as using the infrared sauna with one of these conditions may cause harm to you in use of the infrared sauna. By signing this waiver, you recognize the risks associated with using the infrared sauna with one of these conditions.

- Children under 18 and the elderly may not be able to maintain core body temperature and may not be able to cool well naturally.
- If you have hemophilia or are prone to bleeding, such as having had surgery within the last 7 days, there is an increased risk of bleeding anytime you are heated due to vasodilation.
- Some chronic medical conditions such as multiple sclerosis, central nervous system tumors, and Diabetes with neuropathy are conditions that are associated with impaired sweating.

If any of these circumstances or conditions apply to you or the person you are responsible for, it is our medical team's recommendation that you do not use the infrared sauna for more than a 20-minute session.

If you are taking any of the following medications, please read the below carefully and answer 'yes' or 'no' in the blank space provided:

- Are you taking any medications that could make you drowsy or fall asleep in the sauna, which could prevent you from recognizing that you are overheating? _____
- Are you on Diuretics (such as Lasix or Hydrochlorothiazide), as this may contribute to electrolyte imbalance or dehydration? _____
- Are you on Beta-blockers such as Metoprolol, Propranolol, Carvidolol, or other meds that end in 'lol,' which may impair your body's natural heat-loss mechanisms? _____
- Are you on Anticholinergic drugs such as Amitriptyline or Nortriptyline, which may inhibit sweating and lead to overheating? _____

If the answer to any of the above medication-related questions is 'yes,' it is our medical team's recommendation that you do not use the infrared sauna for more than a 20-minute session.

In the rare event that you experience pain, discomfort, or feel that you may be overheating, immediately discontinue infrared sauna use.

It is important to maintain proper hydration levels during infrared sauna sessions. Dehydration will increase carbohydrate utilization and cause less fat to be burned for energy. Unless a medical condition otherwise dictates, we recommend drinking a minimum of 8 oz. water prior to entering the infrared sauna, during water as needed during the session by stepping out of the infrared sauna to consume water, and a minimum of 8 oz. water after sauna use.

Waiver of Liability and Release of Liability

1. The use of drugs, medication, or alcohol prior to or during the infrared sauna session may lead to dizziness or unconsciousness. Clients using any medications must consult with their licensed medical provider or pharmacist prior to the use of the sauna.
2. Please consult your licensed medical provider if you are in doubt about your ability to use the infrared sauna for health reasons.
3. No one under the age of 18 is permitted to use the infrared sauna unless accompanied by a parent or guardian.
4. I agree to discontinue using the infrared sauna if I feel lightheaded, dizzy, or heat exhaustion.
5. Infrared 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 infrared sauna. I will not use a plastic water bottle inside the infrared sauna.
7. Pregnant women are not permitted to use the infrared sauna unless they have been cleared by an Obstetrician to use the infrared sauna. Excessive body temperatures have the potential to cause fetal damage during the early days of pregnancy.
8. I agree that I will comply with all instructions on the use of the infrared sauna and that I am using this infrared sauna at my own risk.
9. I understand that infrared sauna is not an FDA approved treatment for any specific medical condition.

I acknowledge and voluntarily assume the risk of injury, accident, or death that may arise from the use of an infrared sauna. I, on behalf 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 infrared sauna and from any advice provided by an employee, independent contractor, or any representative of Our Family Health Center, LLC. I agree that this Infrared Sauna Consent Waiver is in effect for all infrared sauna

sessions administered by Our Family Health Center, LLC, and will not expire unless specifically requested by either party.

I acknowledge that I am at least 18 years of age and otherwise legally competent to sign this release. **Minors require a parent/guardian signature.**

Printed Name of Client: _____

Date of Birth: _____

Signature of Client: _____

Date: _____

TO BE READ AND SIGNED BY THE PARENT / GUARDIAN OF MINOR

I hereby state that I am the parent or guardian of the minor whose name. I have carefully read this waiver and fully understand its contents. I acknowledge that this release of liability is a legally binding contract between Our Family Health Center, LLC, and me.

Signature of Parent or Guardian: _____

Printed Name: _____

Date: _____