

Infrared Sauna Blanket Consent Form

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Primary Physician/Provider: \_\_\_\_\_

Have you ever used an infrared sauna blanket or sauna before? YES / NO

List any allergies you may have: \_\_\_\_\_

Are there any other health conditions that you may like to disclose: \_\_\_\_\_

YES  NO Do you have a heart pacemaker, or any other battery operated or electrical implant?

YES  NO Are you pregnant or breastfeeding:

YES  NO Do you currently have a fever, infection, or injury?

YES  NO Have you recently had high blood pressure, a heart attack or other cardiovascular issue?

YES  NO Do you have a history of dizziness, fainting, heart sensitivity, narcolepsy, or seizures?

YES  NO Do you suffer any bleeding disorders?

\*\* If you answered 'YES' to any of the above statements, it's not recommended that you use the infrared sauna blanket at this time. We suggest that you contact your Primary Health Care Physician to obtain a release form before proceeding with the infrared sauna blanket.

Sauna sessions are limited to no more than 30 minutes.

Drink plenty of water before, during, and after your session.

If you experience pain and/or discomfort, immediately discontinue and exit the sauna blanket.

If you are on any medications, consult with your doctor before using the infrared sauna blanket.

Do not use drugs, tobacco, or alcohol prior to or during the sauna session.

No one under the age of 18 is permitted in the infrared sauna blanket.

If you have a medical condition or are on any prescription medications, consult with your physician before using the infrared sauna blanket.

Discontinue the use of the infrared sauna blanket if you feel light-headed, dizzy, heat exhausted or unwell.

I acknowledge and accept the risks inherent in the use of the infrared sauna blanket. I voluntarily assume the risk of injury, accident, or death, which may arise from the use of the infrared sauna blanket. 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 infrared sauna blanket and from any advice provided by an employee or representative. I agree that this release is in effect for all infrared sauna blanket sessions.

None of the information provided is intended to act as a substitute for medical advice, nor does it involve the diagnosis, prognosis, or prescription of remedies for the treatment or prevention of any disease or ailment.

I certify that everything on this form is true and correct to the best of my knowledge. I also understand that the infrared sauna blanket is not intended to diagnose, treat, cure, or prevent any disease or ailment.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_