

Infrared Sauna Informed Consent Release of Liability



Client Name _____ Date _____

The above named person has requested services for an Infrared Sauna session (s).

Infrared saunas penetrate through the skin, stimulating your lymphatic system, and encouraging detoxification and weight loss. As such, we require a statement to ensure that there are no known medical contraindications before proceeding with sauna sessions.

The following are known contraindications to the Infrared Sauna:

- Pregnant or may be pregnant
- Nursing
- Fever
- Sensitivity to heat
- Alcohol/alcohol abuse
- Heart conditions or taking certain medications (i.e., blood thinners)
- Epilepsy
- Currently undergoing chemotherapy
- Cardiovascular conditions
- Pacemaker / defibrillator
- Joint injury

I understand that I may experience a slight flush of skin, intense warmth/heat, and increased perspiration. If I experience any dizziness or discomfort during the session, I will immediately inform the staff so that the heat may be adjusted to my level of comfort.

Because the Infrared Sauna should not be used under certain medical conditions, I affirm that I have stated all of my known medical conditions, and answered all questions honestly. I agree to keep the staff updated as to any changes in my medical profile before the session and understand that there shall be no accountability on the staff's part should I fail to do so.

By signing this form, I give **(PUT YOUR CLINIC NAME HERE)**, a trained member of Club Reduce, consent to provide me with Infrared Sauna sessions and release them from all liability.

Further, I agree to the above statements and agree that there are no contradictions.

Client Signature _____ Date _____

Clinic Staff Signature _____ Date _____