

Infrared Sauna Intake and Consent Form

Our Medical-Grade *Infrared Sauna* is a state-of-the-art treatment that uses infrared heat to penetrate the body's tissues, creating a deep, penetrating heat to relax muscles, improve circulation, and reduce stress and tension.

Our *Infrared Sauna* hosts a full spectrum of mid, near, and far-infrared waves, allowing you to experience the full benefits of *Infrared Sauna* therapy. Each session takes place in a private suite, ensuring a relaxing and peaceful experience.

General Information

Name: _____ Date: _____

Address: _____ City: _____

State, Zip: _____ Phone: _____ Email: _____

Date of Birth: _____ Pronouns: _____ Referred by: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone # (In case you need assistance): _____

Occupation: _____

How do you use your body at work? Standing Sitting Computer Use Heavy Object

Are you wearing contact lenses? Yes No Do you exercise regularly? Yes No

Are you allergic/sensitive to any foods, oils, lotions, candles, or scents? Yes No

Please List _____

Have you recently had surgery, a severe illness, or an accident? Yes No If yes, when? _____

Are you currently under the care of a healthcare provider for an injury or on-going illness? Yes No

Please explain: _____

Are you currently taking any medications? Yes No Please list: _____

Precautions and Contraindications

Any of the below-described contraindications will require you to use discretion for your own well-being. Severe medical conditions will require a note of authorization from your doctor prior to the use of the *Infrared Sauna*. Please mark any medical conditions that you are currently experiencing:

- Medications:** such as diuretics, barbiturates, and beta-blockers may impair the body's natural heat loss mechanisms. Anticholinergics such as amitriptyline may inhibit sweating and predispose individuals to heat rash or, to a lesser extent, heat stroke.
- Pregnancy/Breast Feeding:** If you are breastfeeding or pregnant, *Infrared Sauna* use is contraindicated.
- Elderly:** The body must be able to activate its natural cooling processes in order to maintain its core body temperature. As we mature, our bodies naturally lose this capability. Guests over the age of 70 will be permitted to use our *Infrared Sauna*, however, at a lower temperature.
- Cardiovascular Conditions:** Individuals with cardiovascular conditions or problems like hypertension or hypotension, congestive heart failure, impaired coronary circulation, or those who are taking medications that might affect blood pressure should exercise caution when exposed to prolonged heat. Heat stress increases cardiac output and blood flow.
- Chronic Conditions Associated With Reduced Ability to Sweat or Perspire:** Multiple sclerosis, central nervous system tumors, and diabetes with neuropathy are all linked to impaired sweating.
- Hemophiliacs and 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.
- Alcohol/Alcohol Abuse:** Alcohol increases the heart rate, which may be further increased by heat stress. Guests who appear intoxicated or inform us of alcohol consumption prior to use of the sauna will forfeit their scheduled appointment, and no refund or credit will be issued.
- Insensitivity to Heat:** An individual with insensitivity to heat should not use an *Infrared Sauna*.
- Joint Injury:** If you have a recent (acute) joint injury, it should not be heated for the first 48 hours after the injury or until the swollen symptoms subside.
- 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*.
- Pacemakers/Defibrillators** The magnets used to assemble *Infrared Saunas* can interrupt the pacing and inhibit the output of pacemakers. Please discuss with your doctor the possible risks this may cause.

Additional Information

Please check each box after reading the statement to confirm your understanding and receipt:

- In the rare event that you experience pain and/or discomfort, immediately exit the sauna.
- If you begin to feel too hot, open the door to quickly reduce the temperature inside the sauna. Exit the sauna immediately if you feel light-headed, dizzy, or heat exhausted.
- Please DO NOT pour water anywhere on the sauna. This is a dry sauna. Pouring water on the heating elements will damage them.
- You will be provided with a plastic sauna blanket and two bath towels. You can use the sauna blanket to sit on or wrap it around your body for a more intense effect. Please use either the sauna blanket or a towel as a barrier between you and the bench seat at all times.

Age Restrictions It is not recommended for children under the age of 10 to use the *Infrared Sauna*.

Note We cannot evaluate your medical conditions, medications, allergies, or surgeries with regards to the safety of the Infrared Sauna. If you have any questions about the status of your health, please consult your physician before engaging in any service.

Waiver of Liability and Hold Harmless Agreement;

1. In consideration for using the services, therapy, and machines (hereinafter referred to as "Treatment"), I hereby release, waive, discharge, and hold harmless Proactive Massage + Bodywork, LLC, its officers, servants, agents, employees, and volunteers (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by any person while using the equipment or due to the use of the Treatment.

2. I hereby confirm that no warranty, guarantee, or other assurance has been made to me covering the results of the Treatment, and I hereby relieve them and hold them harmless from all liabilities for injury or damage that may occur to me. I fully understand the administration of the process, including possible adverse reactions, side effects, or other possible complications. It is understood that this consent is being given in advance of any administration of the process and is being given by me voluntarily to use the Treatment.

3. I am fully aware of the risks and hazards connected with the use of the treatment, including the risk of physical injury or disability as the result of such injury, and I am voluntarily participating in said Treatment usage and entering the above-named premises to engage in such usage. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury that may be sustained, or for any loss or damage to property as a result of being engaged in such an activity. I further hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs that may incur due to my use of the Treatment. I understand that the Proactive Massage + Bodywork, LLC therapists are not qualified to diagnose or perform medical procedures, and nothing said during the Treatment session should be construed as such.

4. Prior to using the Treatment, I affirm that I have stated all my known medical conditions and answered all questions honestly. I further agree to update Proactive Massage + Bodywork, LLC, as to any changes in my medical profile that may impact or limit my ability to utilize the Treatment and agree to defend and indemnify Proactive Massage + Bodywork, LLC and the above-named releases for failure to do so.

My Signature Below Constitutes My Acknowledgment That;

(1) I have read, understood, and fully agreed to the foregoing consent; (2) the proposed Treatment process has been satisfactorily explained to me, and I have all the information I desire; and (3) I hereby give my authorization and consent. This consent shall stand as long as I use the Treatment at the location now and in the future. I have read the instructions for proper use of the facilities and do so at my own risk. I hereby release the owners, operators, franchisers, or manufacturers from any damage or harm that I might incur due to the use of the Treatments or facilities.

In signing this release, I acknowledge and represent that I have read and understand the foregoing Waiver of Liability and Hold Harmless Agreements, that I am at least eighteen (18) years of age and fully competent, and that I execute this release for full, adequate, and complete consideration, fully intending to be bound by the same.

Furthermore, I agree that I will comply with all instructions on the use of the Treatment and that I am using these services at my own risk. I agree to use all sessions within the terms of the contract dates and understand that refunds are not given on unused portions of purchased packages.

Client's Name (Please Print)

Client's Signature

Date

Parental Consent Form For Minors Under The Age of 18;

If the client is under 18 years of age, parental consent is required. Please complete the form below for the consent of a minor;

I, _____(name of parent or legal guardian), acknowledge that I have read and understand the Proactive Massage + Bodywork, LLC Waiver of Liability and Hold Harmless Agreements, as well as the contraindications and waiver of risk. My son or daughter, _____(name of the minor), has also read the Waiver of Liability and Hold Harmless Agreements and agreed to the contraindications and waiver of risk. I give consent on behalf of my minor to voluntarily undergo Treatment.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Minor's Name (Please Print)

Minor's Signature

Date