



INFRARED SAUNA CONSENT AND RELEASE FORM

Infrared (IR) Sauna: IR sauna is a safe and effective therapy often included in detoxification programs and implemented for improving general well being. An IR sauna utilizes temperatures in the range of optimizing lipolysis (fat storage breakdown) to enable the removal of stored waste compounds, including pesticides and heavy metals.

General Contraindications - If you have any of the conditions listed below, you cannot receive treatment at this time. These are:

- if you are pregnant or nauseous
- if you have a pacemaker or any other battery operated or electrical implant
- if you have a fever or infection
- if you have a headache, or history of dizziness, fainting, narcolepsy, or seizures
- if you have a tumor or metastatic cancer
- If you have any areas of your body where you have decreased sensations, open wounds, or active bleeding
- if you have uncontrolled/unmedicated diabetes
- if you have uncontrolled high blood pressure, a recent heart attack or other cardiovascular problem
- if you have any condition associated with impaired sweating
- if you are under the influence of drugs or alcohol

I understand:

- there are no guaranteed results.
- it is not possible to anticipate and explain all risks and complications.
- it is my responsibility and decision to use infrared sauna and voluntarily consent to using IR. It is also my responsibility to consult with my physician.

I have read the list of contraindications and understand them. To my knowledge, I have no medical condition or contraindication which would preclude me from using an IR sauna. X _____

PLEASE NOTE:

- Drink plenty of water before and after your session.
- It is helpful to have food/snack 1–2 hours before and after your session.
- If you are on any medications, you may want to consult with your doctor before using the IR sauna.
- Do not use drugs, tobacco, or alcohol prior to or after the sauna session.
- No one under the age of 18 is permitted in the infrared sauna unless accompanied with a guardian.
- Exit the sauna immediately if you experience pain, discomfort, light-headedness, dizziness, heat exhaustion, or feel unwell.

I agree to hold Cristabel Wellness, Inc and all employees, therapists, owners, or authorized representatives harmless from any liability involved in the use of the infrared sauna.

Print Name _____

Signature: _____ **Date:** _____

IF THE CLIENT IS UNDER 18 YEARS OF AGE:

As Parent/Legal Guardian of the above listed Client, I have read the list of contraindications and understand them and have had an opportunity to ask any questions. To my knowledge, the Client has no medical condition or contraindication which would preclude him/her from using an infrared sauna.

Print Name _____

Parent/guardian signature: _____ **Date:** _____