



## Sauna Consent Form

Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please Answer the Following Questions:

1. Are you pregnant? Yes ( ) No ( )
2. Are you taking any medications? Yes ( ) No ( )
3. Have you been diagnosed with any medical condition, such as anhidrosis, that may limit or prevent your ability to sweat? Yes ( ) No ( )
4. Do you have unstable angina? Yes ( ) No ( )
5. Do you have any heart conditions? Yes ( ) No ( )
6. Do you have severe arterial disease? Yes ( ) No ( )
7. Have you been diagnosed with any other medical condition? Yes ( ) No ( )  
 If "yes", which condition?: \_\_\_\_\_
8. For Solo use only: Have you had abdominal surgery, tummy tuck, c-section, or breast augmentation? If "yes", which condition? Yes ( ) No ( )  
 \_\_\_\_\_
9. If you answered "yes" to any of the above questions; have you consulted with your medical provider about using a far infrared Sauna? Yes ( ) No ( )

**\*\*DO NOT USE the sauna if you are pregnant, have serious inflammation, a fever, a communicable disease, acute bleeding, or are intoxicated.\*\***

*Please refer to the back of this form for other contraindications for sauna use.*

# Infrared Sauna Contraindications

**Medications** Individuals who are using prescription drugs should seek the advice of their physician or pharmacist for possible changes in the drug's effect when the body is exposed to infrared waves or elevated body temperature. Diuretics, barbiturates, and beta-blockers may impair the body's natural heat loss mechanisms. Anticholinergics such as amitriptyline may inhibit sweating and can predispose individuals to heat rash or, to a lesser extent, heat stroke. Some over-the-counter drugs, such as antihistamines, may also cause the body to be more prone to heat stroke.

**The Elderly** The ability to maintain core body temperature decreases with age. This is primarily due to circulatory conditions and decreased sweat gland function. The body must be able to activate its natural cooling processes to maintain core body temperature. When using with the elderly, operate at a lower temperature and for no more than 15 minutes at a time.

**Cardiovascular Conditions** Individuals with cardiovascular conditions or problems (hypertension/hypotension), congestive heart failure, impaired coronary circulation or those who are taking medications which might affect blood pressure should exercise caution when exposed to prolonged heat. Heat stress increases cardiac output and blood flow in an effort to transfer internal body heat to the outside environment via the skin (perspiration) and respiratory system. This takes place primarily due to major changes in the heart rate, which has the potential to increase by thirty (30) beats per minute for each degree increase in core body temperature.

**Alcohol / Alcohol Abuse** Contrary to popular belief, it is not advisable to attempt to "sweat out" a hangover. Alcohol intoxication decreases a person's judgment; therefore, he/she may not realize when the body has a negative reaction to high heat. Alcohol also increases the heart rate, which may be further increased by heat stress.

**Chronic Conditions / Diseases Associated with a Reduced Ability to Sweat** Multiple Sclerosis, Central Nervous System Tumors and Diabetes with Neuropathy are conditions that are associated with impaired sweating.

**Hemophiliacs / Individuals Prone to Bleeding** The use of infrared saunas should be avoided by anyone who is predisposed to bleeding.

**Insensitivity to Heat** An individual with insensitivity to heat should not use an infrared sauna.

**Menstruation** Heating of the low back area of those who are menstruating may temporarily increase menstrual flow.

**Joint Injury** If you have a recent (acute) joint injury, it should not be heated for the first 48 hours after injury or until the swelling subsides. If you have a joint or joints that are chronically hot and swollen, these joints may respond poorly to vigorous heating of any kind.

**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.

**Pacemaker / Defibrillator** The magnets used to assemble this wooden sauna can interrupt the pacing and inhibit the output of pacemakers. Please discuss with your doctor the possible risks this may cause.

## Proper Hydration

It is always important to maintain proper hydration levels during far infrared therapy. Dehydration will increase carbohydrate utilization and cause less fat to be burned for energy. We highly recommend drinking a minimum of 8 oz. of water prior to entering the sauna and a minimum of 8 oz. of water after sauna use.

### FULL SPECTRUM INFRARED SAUNA AGREEMENT/ ACKNOWLEDGEMENT

1. The use of drugs, medication or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness. Clients using any medications must consult a physician or pharmacist prior to the use of the sauna.
2. Please consult your physician if you are in doubt of your ability to use the far infrared for health reasons.
3. No one under the age of 16 is permitted in the infrared sauna.
4. Discontinue the use of the sauna if you feel light-headed, dizzy, or heat exhausted.
5. Sauna sessions should be limited to no more than 30 minutes and temperatures must stay below 150 degrees Fahrenheit.
6. Plastic water bottles, cell phones, and other electronic devices are not permitted in the sauna. Wearing jewelry in the sauna is not advised.
7. Clients using any medications must consult a physician or pharmacist prior to the use of the sauna.
8. You are not permitted to use the sauna if you are pregnant, have serious heart conditions, a fever, a communicable disease, acute bleeding, or are intoxicated.

I hereby acknowledge that I have read the consent form and contraindications, and I assume any and all risk of using the infrared sauna. I also understand that if I have any health concerns, it is my responsibility to consult with a physician prior to use. I agree not to pursue any legal charges against Handcrafted Healing LLC for any personal injury or property damage associated with use of the sauna. I agree that this Application and Waiver is in effect for all far infrared sauna sessions and will not expire unless specifically requested by either party.

Signature \_\_\_\_\_ Date \_\_\_\_\_