



INFRARED SAUNA RELEASE WAIVER

Name _____ Phone () _____

Address _____

City _____ State _____ Zip _____

Email _____ DOB (mm/dd/yy) _____

Emergency Contact _____ Phone () _____

Please note the following listed conditions are considered contraindications for the use of the Infrared Sauna.

Please indicate if any of the following apply to you:

- | | | |
|---|-----|----|
| 1. Do you have uncontrolled high blood pressure? | Yes | No |
| 2. Do you suffer from Congestive Heart Failure? | Yes | No |
| 3. Are you presently intoxicated with increased consumption of alcohol? | Yes | No |
| 4. Do you suffer from Parkinson's Multiple Sclerosis? | Yes | No |
| 5. Do you suffer from a Central Nervous System Tumor or Diabetic Neuropathy? | Yes | No |
| 6. Are you pregnant? | Yes | No |
| 7. Do you have a fever? | Yes | No |
| 8. Have you had a recent joint injury (past 48 hours) that is still hot &/or swollen? | Yes | No |
| 9. Do you have recent wounds from an operation or surgery? | Yes | No |
| 10. Do you have a Pacemaker or Defibrillator? | Yes | No |

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU MUST GET A RELEASE FROM YOUR PHYSICIAN BEFORE USING THE INFRARED SAUNA.

Please indicate if any of the following apply to you:

- | | | |
|--|-----|----|
| 1. Are you currently taking diuretics, barbiturates, beta-blockers or anti-histamines? | Yes | No |
| 2. Are you under the age of 16 or over the age of 65? | Yes | No |
| 3. Are you currently having a heavy menstrual period? | Yes | No |
| 4. Do you have a metal pin, rod, artificial joint or any other surgical implants? | Yes | No |
| 5. Do you have a hard time breaking a sweat? | Yes | No |

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU NEED TO BE CAUTIOUS. PLEASE SLIGHTLY OPEN THE DOOR OF THE SAUNA TO ALLOW COOL AIR TO COME IN IF YOU ARE TOO HOT. WE WILL SET YOUR FIRST SESSION AT A LOWER TEMPERATURE.

DISCLAIMER / WAIVER

I, the undersigned, consent to the Infrared Sauna Treatment. I understand that these procedures are for the purpose of detoxification and are not intended to take place of medical care or medications. I clearly confirm that I do not have any contraindications to the Infrared Sauna Treatments. I understand that I can discontinue my treatments at any time. I understand that I take full responsibility for my own health and well-being. I agree to pay my account in full for every treatment.

I agree to disclose to Integrated Chiropractic, if my medical health history should happen to change during the time period of receiving Infrared Sauna Treatments.

I have read the above disclaimer (including cautions and contraindications for the use of the Infrared Sauna) and I agree that I am not currently suffering with any of the above-mentioned contraindications. I have read the recommendation sheet, I have been informed about the fees, I have had the opportunity to ask any questions about its content, and by signing below, I agree to release Integrated Chiropractic and its members from any liability in connection with the use of the sauna.

We do not release your personal information to any third party.

Step out of the Infrared Sauna immediately if you experience dizziness or are sleepy. In the rare event you experience pain and / or discomfort, immediately discontinue sauna use.

Patient Name (please print) _____ Date _____

Signature _____

USING THE INFRARED SAUNA

Before your first visit:

- Fill out the new patient paperwork
- Always consult with your physician before using any sauna
- Drink plenty of water before your session
- Do not apply any lotions to your body
- Bring two large bath towels and two small hand towels (or you can use ones supplied by the office for a small fee of \$5, which helps cover the laundry service.)

While in the sauna:

- We preset the time and temperature for your personal settings.
- You can be naked or wear bathing attire in the sauna.
- Towels:
 1. bring one large towel in with you to sit on,
 2. place one small towel under your feet,
 3. the second hand towel is for blotting sweat while in the sauna,
 4. the second large towel is for drying off once out of the sauna
- Do not bring metal objects (cell phone, iPod, etc.) into the sauna.
- You are encouraged to drink water while in the sauna (do not use a metal drinking container.)
- Sit on the bench.
- Relax – read a magazine, book or meditate.
- The sauna will beep when there is 1 minute left, when the timer shows zero exit the sauna.
- If at any time, you do not feel well (light-headed, dizzy) leave the sauna immediately.
 - If the symptoms do not resolve themselves, alert the staff immediately!

After you get out of the sauna:

- Wipe off with your towel.
- Drink plenty of water with electrolytes.
- Shower when you get home.
- Rest – your body burned calories by increasing your heart rate, cardiac output and metabolic rate.

Experience the Benefits of the Infrared Sauna – share your experience with others!

Price List:

30 Minutes	\$40
45 Minutes	\$50
10 Sessions	\$300