



## FAR INFRARED SAUNA RELEASE WAIVER

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Person to contact in a case of Emergency \_\_\_\_\_

### Contraindications:

This list of contraindications is not absolute. If one of the conditions listed below applies to you, we strongly advise you to consult with your physician before using the Infrared Sauna.

- Pregnancy
- Serious Cardiovascular Disease
- Recent wounds from an operation or surgery
- Recently placed metal pins or plates
- Pacemaker
- Minors under age of 18 without parental control. Guardian needs to sign waiver.
- Infants
- Epilepsy

Never use the infrared sauna while under the influence of alcohol, anti-coagulants, antihistamines, vasoconstrictors, vasodilators, hypnotics, narcotics or tranquilizers.

No cell phones and/or electronic devices allowed inside the sauna.

Step out of the infrared sauna immediately if you experience dizziness or are sleepy.

I read and understood the above:

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

Guardian Name \_\_\_\_\_ Guardian Signature \_\_\_\_\_