



INFRARED SAUNA CONSENT AND RELEASE FORM

Name: _____ Date: _____

Address: _____

City / State / Zip: _____

Phone: _____ E-mail: _____

Occupation: _____ Date of Birth: _____ Age: _____

Referred by: _____

Emergency Contact

Name / Relationship / Phone: _____

I Understand and agree to the following information:

I should not use the infrared sauna if I:

- ☐ Have a recent (within 48 hours) joint injury,
- ☐ Have chronically hot & swollen joints
- ☐ Have an enclosed infection (dental, in joints or any other tissue)
- ☐ Have hemophilia, or anyone predisposed to hemorrhage
- ☐ Have multiple sclerosis, central nervous system tumors or any condition associated with impaired sweating. Have a fever, or a condition that makes you insensitive to heat
- ☐ Am under the influence of drugs or alcohol

I should consult a physician before using the infrared sauna if I:

- ☐ Have a pacemaker or defibrillator, which may be negatively affected by magnets used to assemble the infrared sauna
- ☐ Under the age of 18
- ☐ Am pregnant (will require written physician consent)
- ☐ Am breastfeeding
- ☐ Have a history of heart conditions
- ☐ Am using medications such as diuretics, barbiturates, antihistamines and beta-blockers I have read the list of contraindications and understand them and have also had an opportunity to ask any questions to a staff member. To my knowledge, I have no medical condition or contraindication which would preclude me from doing infrared sauna treatments.

In all situations, hydration is a requirement for sauna use. Drinking water is recommended before and after sauna use.

I understand that the infrared sauna is for the purpose of detoxification and is not intended to take place of medical care or medications.

I understand that I take full responsibility for my own health and well-being. I acknowledge that the results of infrared sauna use do vary, and that no guarantees of specific results are offered or implied. The service provider will not refund or credit any amount of money because of a client's unhappiness with their final results.

I agree to hold Be Well Infrared Sauna, LLC, Full Circle Therapy and Wellness LLC, and all employees, providers, medical directors, officers, directors, owners and associates or authorized representatives harmless from any liability involved in the use of the infrared sauna. The service provider and their staff have explained this treatment to me and all of my questions, if any, were answered. I have reviewed and completely understand all of the information presented to me regarding this treatment.

Signature: _____ Date: _____

IF THE CLIENT IS UNDER 18 YEARS OF AGE:

As Parent/Legal Guardian of the above listed Client, I acknowledge that I have read and understood the safety standards and warnings provided to me by Be Well Infrared Sauna, LLC and Full Circle Therapy and Wellness LLC, and thereby authorize the person named above to participate in infrared sauna sessions. I acknowledge that I have read and completely understand this consent form, and agree to the above waivers of liability, recommendations and terms. I attest that I have provided accurate age, identity and relationship verification.

Signature: _____ Date: _____



1325 S. Broadway
De Pere, WI 54115
920-301-7200