



Far Infrared Sauna Consent Form

Far Infrared (FIR) Sauna Therapy is a wonderful treatment option and relaxation therapy for most people. However, some people should not use a FIR sauna at all and others will need to use it with caution.

The following check list helps you identify any considerations specific to you and requests you acknowledge and accept the risks inherent in the use of a Far-infrared Sauna.

Some of the things that may be released in sweat include Heavy Metals (including lead, mercury, cadmium, antimony), Mold Mycotoxins, Pesticides & Herbicides and other environmental toxins, and Drugs & Medications.

Full Name: _____ Phone Number: _____ Date of Birth: _____

Email: _____ Emergency Contact Name: _____

Phone: _____ How Did You Hear About Us: _____

Occupation: _____

Primary Physician/Providers _____

Please, list any allergies you may have: _____

Are you taking any medications? ☐ Yes ☐ No If yes, please list: _____

Are you taking any supplements? ☐ Yes ☐ No If yes, please list: _____

Have you been diagnosed with any other medical condition? ☐ Yes ☐ No If yes, which condition _____

Have you consulted your doctor regarding your ability to use the far infrared sauna? ☐ Yes ☐ No If no, it is recommended that you talk with your doctor before using the infrared sauna.

Is there anything else you feel I should know? _____

Goal for Sauna usage: _____

Have Your Used FIR Sauna Before? ☐ Yes ☐ No If yes, when was your last session? _____

Contraindications:

Are you pregnant, think you might be pregnant or breast feeding?

☐ Yes ☐ No

Do you currently have a fever or an infection of any kind?

☐ Yes ☐ No

Have you recently had high blood pressure, a heart attack or other cardiovascular problems?

☐ Yes ☐ No

Do you have a history of dizziness, fainting spells, heat sensitivity, narcolepsy, or seizures?

☐ Yes ☐ No

Do you suffer from any bleeding disorders, are a hemophiliac or are inclined to hemorrhage?

☐ Yes ☐ No

Do you have a heart pacemaker, or any other battery operated or electrical implant?

☐ Yes ☐ No

Have you had an injury within the past 72 hours?

☐ Yes ☐ No

Do suffer with hypertension, hyperthyroidism, adrenal suppression, systemic lupus erythematosus, multiple sclerosis or a serious heart condition?

☐ Yes ☐ No

If you answered Yes to any of these questions it is recommended that you NOT use the infrared sauna at this time. We suggest that you consult your Primary Health Care Physician to obtain a release form before using any Far Infrared Sauna.

Restrictions

No one under the age of 16 is permitted in the far infrared sauna unless accompanied by a supervising adult.

Discontinue the use of the sauna if you feel light-headed, dizzy or heat exhausted.

Glass and open containers are not allowed in the sauna.

The use of illicit drugs or alcohol prior to or during the sauna may lead to dizziness or unconsciousness and is strictly prohibited.

If under the age of 16, a shorter time and lower heat is required to enter the sauna.

No Oils of any kind are allowed in the sauna.

The Sauna use is by appointment only.

Recommendations:

Sauna sessions should be limited to no more than 35 minutes and temperatures must stay below 140 degrees Fahrenheit.

When beginning a sauna session, you will be started with a shorter time and gradually increase to the 35-minute maximum time. This is done over a few sessions.

It is always important to maintain proper hydration during any far infrared session. We highly recommend drinking water prior to entering the sauna and a minimum of 8 oz of water directly after sauna use, with an increase in water consumption when you get home and over the following 24 hours. We also recommend adding electrolytes to your water along with taking a mineral supplement to replace the minerals lost during your sweat.

It is advised to take a binder about half an hour before getting into the sauna.

It is advised not to have a totally full stomach when taking a sauna. A good rule of thumb is to not eat for about an hour prior to your sauna session.

If you feel faint, dizzy, nausea or extreme fatigue at any time during the sauna, please get out of the sauna and drink more water with electrolytes.

If you feel ill after the sauna increase your water with electrolytes and take a binder.

If your heart rate exceeds 120 beats per minute at any time, get out of the sauna.

Sweating Etiquette

Prior to most sauna sessions, a short time (5 to 10 minutes) on a Chi machine is provided. This helps to get things moving (oxygen and lymph) before getting into the sauna for maximum sweat. This is done for people over 16 years of age.

Sauna Sessions are between 15 and 35 minutes. If at any point in the session you feel uncomfortable with the heat, just open the door to cool off. The sauna should be calming and rejuvenating, not torturous.

In order to maintain your comfort and sanitation of the sauna, towels are provided for every session. One large towel must be used underneath your body as you are sitting at all times in the sauna. A hand towel needs to be used under your feet as well.

Additional towels are provided for taking into the sauna to wipe off the sweat during the session.

Please place all used towels in the laundry basket after your session is over.

Remove all footwear prior to entering the sauna.

Sauna doors are made of glass – please handle with care and use the handle to open and close sauna doors.

Do NOT pour water on the heaters. Infrared saunas are intended to provide dry heat therapy.

We will provide 2 wet towels to be used after the sauna is complete, to allow for toxins to be removed along with residual sweat. However, it is highly recommend that you shower when you get

home to ensure all toxins have been removed as you continue to sweat for about an hour after the session.

Use of electronics during a sauna may heat the device. Striving for Health is not responsible for damage to electronics used in the sauna.

Soothing music is provided during your saunas, if you choose to sit in silence, you can turn off the speaker device before you enter the sauna.

Cancelation Policy

If you are unable to make your scheduled appointment time, please be sure to give us at least 24-hour notice. Appointments cancelled or rescheduled within the 24 hours or a complete no show will be charged full payment.

SINGLE SESSION: If you fail to cancel within the 24 hours you will be charged the full amount of the session.

SAUNA PACKAGE: If you are using a sauna package, your missed session will be deducted from your package.

LATE ARRIVAL: Your sauna session will be cut short to fit into the remaining time slot.

I, _____, acknowledge and accept the risks inherent in the use of the far infrared sauna. I further understand that it is my responsibility to request, complete and update a new intake form on my future visits to Striving for Health if I experience a change to my current health as described above. I voluntarily assume the risk of injury, accident, or death which may arise from the use of the far infrared sauna. I, and any of my heirs, executors, representatives or assigns release Striving for Health from all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of the far infrared sauna and from any advice provided by an employee, independent contractor, or any representative. I have carefully read the above safety instruction for using the infrared sauna.

Striving for Health, and its representatives, including but not limited to Striving for Health, does not provide medical advice for detox purposes or treatment. Please confer with your medical doctor to ensure your detox pathways are working properly and that a far-infrared sauna session is appropriate for you. Chronically ill clients are at a higher risk for blocked detox pathways and need to exercise caution by consulting their physician.

Please consult your physician if you are in doubt regarding your ability to use the far infrared sauna for health reasons. Do not attempt to self-treat any disease with a Far-infrared Sauna.

None of the information provided is intended to act as a substitute for medical advice, nor does it involve the diagnosis, prognosis, or prescription of remedies for the treatment or prevention of any disease or ailment. Far-infrared Sauna use may or may not be appropriate for you. The information provided is for general information purposes only and does not address individual circumstances or medical conditions.

I certify that everything on this form is true and correct to the best of my knowledge. I also understand that the infrared sauna is not intended to diagnose, treat, cure, or prevent any disease or ailment.

I fully understand the information on this consent form and fully agree to comply with all instructions, restrictions, contraindications, recommendations, and sweating etiquette. This agreement is in effect for all infrared sauna sessions/treatments and will not expire unless requested by either party.

I will consult with the staff of Striving for Health if I have any further questions.

Client Signature: _____ Date: _____

Print Full Name: _____

FOR PARENTS/GUARDIANS OF A MINOR (UNDER 18) This is to certify that I, as parent/guardian with legal responsibility for this participant do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs assigns and next of kin, I release and agree to indemnify and hold harmless the Release from any and all liability incidents to my minor child's involvement or participation in these programs as provided above to the fullest extent permitted by law.

Parent/Guardian of minor: _____ Date: _____

