

NAME _____ DATE OF BIRTH _____

ADDRESS _____

PHONE _____ EMAIL ADDRESS _____

EMERGENCY CONTACT (NAME AND PHONE) _____

Infrared sauna use is conditional upon provision of accurate answers to the following questions and the completion and signing of this Sauna Intake Form | Release & Liability. Be advised: there are some individuals who should not use infrared sauna at all, and others who should use it with caution.

The following questions are to help you identify any considerations in which individuals are advised to avoid infrared sauna use. If you answer YES to any question (1-10), it is NOT recommended that you use the infrared sauna at this time unless and until you have consulted with your medical professional and received authorization to use the infrared sauna. (INITIAL) _____

1. ARE YOU PREGNANT OR BREASTFEEDING? YES [] NO []
2. DO YOU CURRENTLY HAVE A FEVER OR INFECTION? YES [] NO []
3. DO YOU HAVE A PACEMAKER, DEFIBRILLATOR OR ANY OTHER BATTERY OPERATED OR ELECTRICAL IMPLANT? YES [] NO []
4. DO YOU HAVE SURGICAL IMPLANTS (RODS, PINS, JOINTS)? YES [] NO []
5. HAVE YOU RECENTLY HAD HIGH BLOOD PRESSURE, HEART ATTACK OR OTHER CARDIOVASCULAR PROBLEMS? YES [] NO []
6. ARE YOU TAKING ANY MEDICATIONS (PRESCRIPTION OR OTC THAT WOULD INDUCE DROWSINESS, HEART RATE, BLOOD PRESSURE OR CIRCULATION? EXAMPLES: ANTIHISTIMINES OR ANTICHOLINERGICS? YES [] NO []
7. ARE YOU TAKING ANY DIURETICS, BARBITURATES, BETA-BLOCKERS? THESE MAY IMPAIR THE BODY'S NAURAL HEAT LOSS MECHANISMS. YES [] NO []
8. HAVE YOU BEEN DIAGNOSED WITH ANY MEDICAL CONDITIONS THAT WOULD AFFECT YOUR ABILITY TO SWEAT, SUCH AS MULTIPLE SCLEROSIS, CENTRAL NERVOUS SYSTEM TUMORS, AND DIABETES WITH NEUROPATHY? YES [] NO []
9. ARE YOU PRONE TO BLEEDING/ HEMOPHILIA? THE USE OF INFRARED SAUNAS SHOULD BE AVOIDED BY ANYONE WITH THIS PREDISPOSITION. YES [] NO []
10. DO YOU HAVE A HISTORY OF DIZZINESS, FAINTING, HEAT SENSITIVITY, NARCOLEPSY OR SEIZURES? YES [] NO []

If you answered YES to any of the previous questions, have you consulted with your medical provider and been cleared for using an infrared sauna? YES [] NO []

SAUNA RULES AND GUIDELINES

1. Avoid drugs or alcohol prior to or during your sauna session. Consumption may lead to dizziness or unconsciousness.
2. If you are in doubt of your ability to use the infrared sauna for health reasons as implied by the previous list of questions or other health concerns, avoid sauna use until cleared by your healthcare provider.
3. If you have experienced a recent (acute) joint injury, avoid heat for the first 48 hours or until the swollen symptoms subside. Joints that are chronically hot and swollen may respond poorly to vigorous heating of any kind.
4. Women who are menstruating should be advised that heating of the low back area may temporarily increase menstrual flow; however, this should not preclude sauna use.
5. No clients under the age of 18 are permitted to use the infrared sauna unless accompanied by a parent/legal guardian.
6. Discontinue the use of the sauna if you feel light-headed, dizzy, heat exhausted or unwell.
7. Sauna sessions are limited to a maximum of 40 minutes and temperatures must stay below 150 degrees Fahrenheit.
8. Individuals with a BMI greater than 34.9 should avoid sauna use until cleared by a healthcare professional.
9. Towels must be used in the sauna and placed on the bench before sitting or lying down. NOTE: Towels are not provided.
10. It is advised to drink plenty of water, electrolyte replacement water or sports drink before and after the sauna session. Please do not bring liquids in the sauna.
11. If you experience pain and/or discomfort, immediately discontinue and exit the sauna.

I have read this Sauna Intake Form | Release & Liability in its entirety, including the contraindications questions (1-10) and the Sauna Rules and Guidelines, and I understand them. To my knowledge, I have no medical condition or contraindication which would preclude me from participating in infrared sauna treatments. I understand that infrared sauna is for the purpose of detoxification and well-being and is not intended to take the place of medical care or medications. 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. I understand and take full responsibility for my own health and well-being.

(INITIAL) _____

SAUNA INTAKE FORM | RELEASE & LIABILITY

I further understand that it is my responsibility to request, complete and update a new intake form on my future visits to Dwell Yoga Studio & Infrared Wellness if I experience a change to my current health conditions listed/described in this intake form.

I acknowledge that the results of infrared sauna use do vary, and that no guarantees of specific results are offered or implied. Dwell Yoga Studio & Infrared Wellness will not refund or credit any amount of money because of a client's unhappiness with their final result.

I acknowledge and accept the risks inherent in the use of the infrared sauna. Except where prohibited by law, I voluntarily assume the risk of injury, accident or death which may arise from the use of the infrared sauna or any other program, event or activity. I agree that Dwell Yoga Studio & Infrared Wellness and/or any of its members, employees, independent contractors or any other representative (the "Releasees") will not be liable for death or any injury, including, without limitation, personal, bodily or mental injury, economic loss or any damage to me resulting from negligence, other acts of Dwell Yoga Studio and anyone acting on any Releasee's behalf, or anyone using the services of The Sauna Room, to the fullest extent permitted by law. I, for myself and on behalf of all of my heirs, executors, representatives or assigns, hereby release all Releasees from all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of the infrared sauna, and/or from any advice provided by any Releasee.

I further understand that neither Maureen Beville, nor any other Releasee or contractor associated with Dwell Yoga Studio & Infrared Wellness (Rooted116, LLC) is a medical doctor and no one is attempting to portray, or conduct the activities of a medical doctor. I also understand that the infrared sauna is not intended to diagnose, treat, cure or prevent any disease or ailment. I release all of the Releasees as well as the owner, landlord and lessee of the premises in which Dwell Yoga Studio is located and the manufacturer of the infrared sauna from any adverse effects I may incur by the use of the infrared sauna.

I agree that this Sauna Intake Form | Release & Liability document will remain in effect for all infrared sauna sessions and will not expire unless specifically requested by either party in writing.

I certify with my signature below that everything on this form is true and correct to the best of my knowledge.

NAME (Printed): _____ DATE: _____

SIGNATURE: _____