

THE Rustic SPA

INFRARED SAUNA THERAPY CONSENT FORM

Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Phone: (_____) _____

Emergency Contact Name: _____ Phone: (_____) _____

Do you have any current illnesses or injuries? Yes No

Are you pregnant? Yes No

Do you have high blood pressure or cardiac problems? Yes No

Have you ever suffered from dizziness, sensitivity to heat, or seizures? Yes No

**If you answered yes to any of these questions it is recommended you consult a physician before using Infrared Sauna Therapy.*

In the past year, have you been diagnosed with any medical condition(s)? Yes No

If yes, please provide more information: _____

- *The use of any type of drug, medication, or alcohol prior to using Infrared Sauna Therapy may have adverse effects including, but not limited to dizziness, dehydration, or unconsciousness. It is recommended you stay fully hydrated before, during, and after this treatment (complementary beverages are provided near the front door of The Rustic Spa).*
- *Children under the age of 18 must be accompanied by a supervising/consenting adult.*
- *Exit the sauna if you begin to feel light headed or dizzy.*
- *Infrared Sauna Therapy sessions should be limited to 30 minutes with temperatures below 150 degrees Fahrenheit.*

I voluntarily assume the potential risks involved with Infrared Sauna Therapy and will not hold The Rustic Spa liable for any pain, injury, or illness occurring from use of the sauna. I understand this waiver is non-expiring unless requested by a signing party.

Signature: _____ Date: _____

Parent Signature: _____