Infrared Sauna Liability Release Waiver

This is a release of liability and a waiver of certain legal rights. I hereby have read the contraindications below and give my consent to using the Infrared Sauna at Affinity Health & Wellness. I have no conflicts for use as described in the contraindications or I have provided a physician’s release authorizing use of the Infrared Sauna.

I understand the purpose of the Infrared Sauna and that this service is not intended to take the place of medical care or medications. I confirm that I do not have any contraindications for the Infrared Sauna and understand that I take full responsibility for my own health and well-being. I understand and acknowledge that no guarantee can be made as to the outcome of the Infrared Sauna.

**Contraindications**

Any of the below described contraindications will require you to use discretion for your own well being. In addition, PLEASE BE AWARE, that if you experience any pain, mental or physical discomfort at any time during the process, you are advised to terminate the session immediately upon your own volition. Severe medical conditions or pregnancy will require a note of authorization from your doctor prior to the use of the Infrared Sauna.

**Medications** – Diuretics, barbituates, and beta-blockers may impair the body’s natural heat loss mechanisms. Anticholinergics such as amitriptyline may inhibit sweating and can predispose individuals to heat rash or to a lesser extent heat stroke. Some over-the-counter drugs, such as antihistamines, may also cause the body to be more prone to heat stroke.

**Pregnancy/Breastfeeding** – Pregnant women should consult a physician before using an infrared sauna. A doctor’s consent is required. If breastfeeding, do not use the infrared sauna. A detoxification process will produce the expelled toxins into your breast milk.

**Menstruation** – Heating of the low back area of women during the menstrual period may temporarily increase their menstrual flow.

**Elderly** – The body must be able to activate its natural cooling processes in order to maintain core body temperature. As we mature, our body naturally lose this capability. Guests over the age of 70 will be permitted for infrared sauna use, however, at a lower temperature.

**Children ages 14-17** – The core body temperature of children rises much faster than adults. This occurs due to a higher metabolic rate per body mass, limited circulatory adaptation to increased cardiac demands and the inability to regulate body temperature by sweating. Consult with the child’s Pediatrician before using the sauna. Children under the age of 14 are not permitted to use the infrared sauna. Anyone between the ages of 14 and 18 must be accompanied by an adult to their session.

**Cardiovascular Conditions** – Individuals with cardiovascular conditions or problems (hypertension/hypotension), congestive heart failure, impaired coronary circulation or those who are taking medications which might affect blood pressure should exercise caution when exposed to prolonged heat. Heat stress increases cardiac output and blood flow in an effort to transfer internal body heat to the outside environment via the skin (perspiration) and respiratory system. This takes place primarily due to major changes in the heart rate, which has the potential to increase by thirty (30) beats per minute for each degree increase in core body temperatures.

**Alcohol/Alcohol Abuse** – Contrary to popular belief, it is not advisable to attempt to “sweat out” a hangover. Alcohol intoxication decreases a person’s judgement; therefore, he/she may not realize when the body has a negative reaction to high heat. Alcohol also increases the heart rate, which may be further increased by heat stress. Guests who appear intoxicated or inform us of alcohol consumption prior to use of the sauna will forfeit their scheduled appointment and no refund or credit will be issued.

**Chronic Conditions/Diseases Associated With Reduced Ability to Sweat or Perspire** – Multiple Sclerosis, Central Nervous System Tumors and Diabetes with Neuropathy are conditions that are associated with impaired sweating.

**Hemophiliacs/Individuals Prone to Bleeding** – The use of infrared saunas should be avoided by anyone who is predisposed to bleeding.

**Fever** – An individual who has a fever should not use an infrared sauna until the fever subsides.

**Insensitivity to Heat** – An individual with insensitivity to heat should not use an infrared sauna.

**Joint Injury** – If you have a recent (acute) joint injury, it should not be heated for the first 48 hours after an injury or until the swollen symptoms subside. If you have a joint or joints that are chronically hot and swollen, these joints may respond poorly to vigorous heating of any kind.

**Implants** – Metal pins, rods, artificial joints, or any other surgical implants generally reflect infrared waves and thus are not heated by this system. Nevertheless, you should consult your physician prior to using an infrared sauna.

**Pacemakers/Defibrillators** – The magnets used to assemble infrared saunas can interrupt the pacing and inhibit the output of pacemakers. Please discuss with your doctor the possible risks this may cause.

**In the rare event that you experience pain nausea and/or discomfort, immediately discontinue infrared therapy use, and promptly exit the sauna.**

By signing below,

* I understand that Sauna is provided for the basic purpose of relaxation, stress reduction, relief of muscular tension, and recovery from muscular tension.
* I understand that Infrared Sauna should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of.
* I understand that the Affinity Health & Wellness will not be responsible for any medical costs
associated with any injury.
* I understand that using the Infrared Sauna provided by Affinity Health & Wellness is voluntary and I have the right to halt the service at any time. In exchange for the Infrared Sauna service, I hereby waive, release and discharge Affinity Health & Wellness from any liability from my receipt of the Infrared Sauna service.
* I acknowledgement that Affinity Health & Wellness has satisfactorily explained the Infrared Sauna to me, and that I have all the information that I desire.
* I understand that I am undergoing the Infrared Sauna at my own risk. I hereby give my authorization and consent to the implementation of the Infrared Sauna at Affinity Health & Wellness.

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Signed Name

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Printed Name Date