

FAR INFRARED SAUNA INTAKE & PARTICIPANT AGREEMENT

Name: _____ DOB _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Emergency Contact _____ Phone _____

Reasons/Goals for Visit _____

_____, _____ (_____),
_____, _____ (_____, _____).
_____.

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Have you ever used an infrared sauna before? YES NO
2. Are you pregnant? YES NO
3. Are you taking any medications? YES NO
4. Diagnosed with any medical condition that may limit or prevent your ability to sweat? YES NO
5. Do you have unstable angina? YES NO
6. Have you had a recent heart attack? YES NO
7. Do you have a severe arterial disease? YES NO
8. Have you been diagnosed with any other medical condition? YES NO

If yes, please explain your condition: _____

If you answered yes to any of the above questions; have you consulted with your medical provider about using a far infrared sauna?
YES NO

TERMS OF USE & RESTRICTIONS

1. NOTICE AND ASSUMPTION OF RISK: I understand and agree that using the Sauna is a voluntary recreational activity.
