

To provide the best experience for our guests, sauna use is by appointment only. Please call or stop by our front desk to schedule a time for your session. Permission to use the Sunlighten infrared sauna (utilizing near, mid, and far infrared) is contingent on guests providing accurate answers to the questions below so that we can mutually agree on the health and well-being of the sauna user, as well as signing this agreement.

**NAME** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **POSTCODE** \_\_\_\_\_

**PHONE (H)** \_\_\_\_\_ **PHONE (C)** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

If referral, we'd love to thank the person who referred you: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

	<b>YES</b>	<b>NO</b>
1. Are you pregnant? How far along? _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you taking any medications?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been diagnosed with any medical condition, such as anhidrosis, that may limit or prevent your ability to sweat?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have unstable angina?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you had a recent heart attack?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have Peripheral Artery Disease?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been diagnosed with any other medical condition? If "yes," which condition? _____	<input type="checkbox"/>	<input type="checkbox"/>
8. If you answered "yes" to any of the above questions; have you consulted with your medical provider about using an infrared sauna?	<input type="checkbox"/>	<input type="checkbox"/>

It is always important to maintain proper hydration levels during infrared therapy. Dehydration will increase carbohydrate utilization and cause less fat to be burned for energy. We highly recommend drinking a minimum of 250 milliliters of water prior to entering the sauna and a minimum of 750 milliliters of water after sauna use.

**INFRARED SAUNA AGREEMENT/ACKNOWLEDGEMENT**

1. The use of drugs, medication or alcohol prior to or during the infrared sauna session may lead to dizziness or unconsciousness. Clients using any medications must consult a physician or pharmacist prior to the use of the sauna.
2. Please consult your doctor if you are in doubt of your ability to use the infrared sauna for health reasons.
3. No one under the age of 18 is permitted in the infrared sauna unless accompanied by a supervising adult.
4. Discontinue the use of the sauna if you feel light-headed, dizzy, or heat exhausted.
5. Sauna sessions should be limited to no more than 45 minutes and temperatures must stay below 65 degrees Celsius.
6. Plastic water bottles are not permitted in the sauna.
7. Pregnant women should consult their physician prior to the use of the sauna. Excessive body temperatures have a potential for causing fetal damage during the early days of pregnancy.

I acknowledge and voluntarily assume the risk of injury, accident, or death which may arise from the use of an infrared sauna. I, on behalf of myself and any of my heirs, executors, representatives, or assignees, hereby waive and release 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 from any advice provided by an employee, independent contractor, or any representative. I agree that this Application and Waiver is in effect for all infrared sauna sessions and will not expire unless specifically requested by either party.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_