

Sauna use is by appointment only. Please call or stop by our front desk to schedule an appointment. Consent to use the full spectrum infrared sauna is conditional upon provision of accurate answers to the following questions & signing this agreement.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ E-mail: _____

How did you hear about us? _____ If referred, name of referrer: _____

Please Answer the Following Questions:

1. Are you pregnant? How far along? Yes () No ()
2. Are you taking any medications? Yes () No ()
3. Diagnosed with any medical condition, such as Anhidrosis, that may limit or prevent your ability to sweat? Yes () No ()
4. Do you have unstable angina? Yes () No ()
5. Have you had a recent heart attack? Yes () No ()
6. Do you have severe arterial disease? Yes () No ()
7. Have you been diagnosed with any other medical condition? Yes () No ()

If "yes", which condition?: _____

If you answered "yes" to any of the above questions; have you consulted with your medical provider about using a full spectrum infrared sauna? Yes () No ()

It is always important to maintain proper hydration levels during a full spectrum infrared sauna therapy session. Dehydration will actually increase carbohydrate utilization and cause less fat to be burned for energy. We highly recommend drinking a minimum of 4 oz. of water prior to entering the sauna and a minimum of 8 oz. of water after sauna use.

FULL SPECTRUM INFRARED SAUNA AGREEMENT/ ACKNOWLEDGEMENT

1. The use of drugs, medication or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness.
2. Please consult your physician if you are in doubt of your ability to use the full spectrum infrared sauna for health reasons.
3. No one under the age of 18 is permitted in the full spectrum 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 150 degrees Fahrenheit.
6. Water bottles are not permitted in the sauna.
7. Clients using any medications must consult a physician or pharmacist prior to the use of the sauna.
8. 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.
9. For safety reasons, there is a weight limit of no more than 300 lbs. per person in order to utilize sauna.

I further understand that it is my responsibility to request, complete and update a new intake form on my future visits to Massage Green Spa if I experience a change to my current health conditions listed/described above.

I acknowledge and voluntarily assume the risk of injury, accident or death which may arise from the use of a full spectrum infrared sauna. I and any of my heirs, executors, representatives, or assignees hereby release for the all claims or liabilities for personal injury or property loss or damages of any kind sustained while on the premises, during the use of the full spectrum 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 full spectrum infrared sauna sessions and will not expire unless specifically requested by either party.

Signature: _____ Date: _____