

ISTHMUS WELLNESS, LLC

Far Infrared Sauna Release Form

Date _____

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone (home) _____ (work) _____

(cell) _____

E-mail _____

Birthdate _____ Age _____

Physician _____

Referred by _____

Reason for appointment _____

1. The use of drugs or alcohol prior to or during the sauna may lead to dizziness or unconsciousness.
2. Please contact and consult your physician if you are in doubt of your ability to use the far infrared sauna for health reasons.
3. No clients under the age of 18 are permitted in the far infrared sauna unless accompanied by a supervising adult.
4. Please discontinue use of the sauna if you feel light-headed, dizzy or heat exhausted.
5. Sauna sessions should be limited to a maximum of 60 minutes and temperatures must stay below 150 degrees Fahrenheit.
6. It is advised to not eat at least one hour prior to your sauna session to avoid any ill feelings.
7. Smokers are not permitted in the sauna. The wood surface absorbs tobacco odor released from the pores of the body and will cause damage to the sauna and may cause allergic reactions to the other clients.

OVER, PLEASE

9. Clients using any medications must consult a physician prior to the use of the sauna.
10. 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.
11. Clients suffering from obesity or with a medical history of heart disease, low or high blood pressure, diabetes or circulatory system problems should consult a physician prior to using the sauna.
12. Do not use any chemicals or lotions prior to your sauna session. These items may block pores and effect perspiration as well as stain the wood of the sauna.

I acknowledge and accept the risks inherent in the use of the far infrared sauna. I voluntarily assume the risk of injury, accident or death which may arise from the use of the far infrared sauna. I and any of my heirs, executors, representatives or assigns hereby release from all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of the far infrared sauna and from any advice provided by an employee, independent contractor or any representative.

I have carefully read the above safety instructions for using the far infrared sauna. I fully understand them and fully agree to comply with instructions. This agreement is in effect for all far infrared sauna sessions/treatments and will not expire unless requested by either party.

Client Signature: _____

Date: _____



Heal in Harmony™
Isthmus Wellness™

515 Junction Rd, Suite 2300
Madison, WI 53717
608 441-WELL (9355)
info@isthmuswellness.com
www.isthmuswellness.com