914 Hemsath Rd., Ste. 104A

St. Charles, MO 63303

 636-724-5757

FAR-INFRARED SAUNA WAIVER

*Which of the many benefits of the Infrared Sauna interest you the most?*

*\_\_\_\_\_* Detoxification \_\_\_\_\_ Pain Relief \_\_\_\_\_ Weight Loss

 \_\_\_\_\_ Lowering Blood Pressure \_\_\_\_\_ Lyme Disease Health \_\_\_\_\_ Heart Health

\_\_\_\_\_ Circulatory issues \_\_\_\_\_Acne \_\_\_\_\_ Eczema

\_\_\_\_\_ Psoriasis \_\_\_\_\_Sleep Health \_\_\_\_\_Feeling Better Other\_\_\_\_\_\_\_\_\_\_\_\_

*Please note the following listed conditions are considered contraindications for the*

*use of Far Infrared Sauna.*

***\** IF YOU ANSWER YES TO ANY OF THE BELOW QUESTIONS, YOU MUST**

**GET A RELEASE FROM YOUR PHYSICIAN BEFORE USING INFRARED SAUNA.**

*Please indicate if any of the following apply to you:*

1. Do you suffer from Congestive Heart Failure? (IR Saunas can be beneficial for this) Yes No

3. Do you suffer from Parkinson’s, Lupus, Hemophilia, or Multiple Sclerosis? Yes No

4. Are you pregnant? Yes No

5. Do you have a fever? Yes No

6. Do you have recent wounds from an operation or surgery? Yes No

7. Do you have a pacemaker or defibrillator? (mainly due to magnets in saunas) Yes No

8. Do you have an acutely inflamed injury or a serious injury occurrence in the last 48 hours? Yes No

**IF YOU ANSWER YES TO ANY OF QUESTIONS BELOW, YOU NEED TO BE CAUTIOUS.**

**WE CAN SET YOUR FIRST SESSION AT A LOWER TEMPERATURE.**

*Please indicate if any of the following apply to you:*

1. Are you currently taking diuretics, barbiturates, beta-blockers or anti-histamines? Yes No

2. Are you under the age of 18 (must be accompanied by adult) Yes No

3. Are you or over the age of 65? Yes No

3. Are you currently having a heavy menstrual period? Yes No

4. Do you have a metal pin, rod, artificial joint or any other surgical implants? Yes No

5. Do you have a hard time breaking a sweat? Yes No

6. Do you have high blood pressure? (IR Saunas can be beneficial for blood pressure) Yes No

*DISCLAIMER / WAIVER*

I understand that these sessions are for the purpose of relaxation and not intended to treat any condition or disease or to take place of medical care or medications. I clearly confirm that I do not have any contraindications to the Infrared Sauna Therapy. By signing below I agree to release The Center for Natural Health, LLC and its members from any liability in connection with the use of the sauna. Step out of the infrared sauna immediately if you experience dizziness or are sleepy. In the rare event, you experience pain and / or discomfort, immediately discontinue sauna use. I also understand it is my sole responsibility to inform The Center for Natural Health if any of my health conditions change that would be contraindicated for use in the FAR Infrared sauna.

Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Client \_\_\_\_\_\_\_\_\_\_