



Resolution Health Collaborative, Inc.

Infrared Sauna Release Form

First Name _____ Middle _____ Last Name _____

Date of Birth ____/____/____ Male Female Referred by: _____

Address _____

City _____ State _____ Zip _____

Email _____ Mobile () _____ - _____

I would like to receive promotions and updates for Resolution via email: Yes No

Occupation _____ Health Insurance Carrier _____

Emergency Contact

Name _____ Relationship _____

Mobile () _____ - _____ Work () _____ - _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you ever used an infrared sauna before? _____ Yes _____ No

Please mark any of the following questions to indicate a "yes" answer.

___ Do you have a heart pacemaker or any other battery operated or electrical implant? ___ Do you have a history of dizziness, fainting spells, heat sensitivity, narcolepsy or seizures?

___ Are you pregnant or breastfeeding? ___ Do you suffer from any bleeding disorders?

___ Do you currently have a fever, infection or injury?

___ Do you have uncontrolled high blood pressure, or experienced a heart attack or other cardiovascular problem?

If you answered 'yes' to any of these questions it is not recommended that you use the infrared sauna at this time. We suggest that you consult your Primary Health Care Physician to obtain a release form before proceeding with infrared sauna therapy.

Please Note

Sauna sessions should be limited to no more than 60 minutes.

Drink plenty of water before, during and after your session.

If you experience pain and/or discomfort, immediately discontinue and exit the sauna.

If you are on any medications, consult with your doctor before using the infrared sauna.

Do not use drugs, tobacco, or alcohol prior to or during the sauna session.

No one under the age of 18 is permitted in the far infrared sauna.

If you have a medical condition or are on any prescription medications, consult with your physician before using the infrared sauna.

Discontinue the use of the sauna if you feel light-headed, dizzy, heat exhausted, or unwell.

AGREEMENT

I acknowledge and accept the risks inherent in the use of the infrared sauna. I voluntarily assume the risk of injury, accident or death, which may arise from the use of the 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 infrared sauna and from any advice provided by an employee or any representative. I agree that this release is in effect for all infrared sauna sessions.

None of the information provided is intended to act as a substitute for medical advice, nor does it involve the diagnosis, prognosis, or prescription of remedies for the treatment or prevention of any disease or ailment. I certify that everything on this form is true and correct to the best of my knowledge. I also understand that the infrared sauna is not intended to diagnose, treat, cure, or prevent any disease or ailment.

LATE CANCELLATION OR NO SHOW POLICY: I (the undersigned) agree to pay Resolution Therapeutic Massage the full cost of the scheduled session if I fail to cancel my appointment 24 hours in advance, or if I miss my scheduled appointment entirely.

Client Signature _____ Date _____