Studio name _____

Infrared sauna consent

This takes about two minutes. Your answers stay with the salon.

About you

Your name
First name

Last name

Date of birth (MM/DD/YYYY)

Phone

Email

Emergency contact

Health questions

Please answer every question so the salon can plan your session around your health. These questions aren't medical advice, so check with your doctor about anything you're unsure of.

Do you have a heart condition or high blood pressure?

☐ Yes ☐ No

Are you pregnant, or could you be?

☐ Yes ☐ No

Have you had alcohol in the last few hours?

☐ Yes ☐ No

Do you feel unwell today, or have a fever?

☐ Yes ☐ No

Do you have metal pins, plates, joint replacements or silicone implants?

☐ Yes ☐ No

Where?

Do you have a condition or take a medicine that makes it hard to handle heat or to sweat?

☐ Yes ☐ No

Tell us more.

What you agree to

Heat

I understand a sauna can make me overheated, dizzy or dehydrated. I'll drink water before and after, and leave the sauna at once if I feel dizzy, sick or faint.

Initials ☐

Alcohol

I won't use the sauna after drinking alcohol.

Initials ☐

Session time

I'll keep to the session time and temperature the salon sets.

Initials ☐

No health claims

I understand the salon makes no claim that this service improves my health, and it doesn't take the place of care from my doctor.

Initials ☐

Stopping

I can end my session at any time. I'll stop and tell staff right away if I feel dizzy, sick, too hot or too cold, or anything feels wrong.

Initials ☐

My answers

My answers are true and complete. I'll tell the salon before a session if my health or medicines change.

Initials ☐

the studio uses your health answers only to do your appointment safely and to keep the records the law requires. They are never used for marketing or sold. They are stored encrypted, and every time someone at the studio opens them it is logged.

Your signature _____ **Date** _____

Printed name _____

For staff (For the studio)

Sauna room

Minutes

Temperature setting