



INFRARED SAUNA CONSENT AND RELEASE FORM

Name: _____ DOB: _____

Address: _____ Phone/Cell Phone: _____

_____ Email: _____

Emergency Contact:

Name: _____ Phone: _____

I Understand and agree to the following information:

I should not use the infrared sauna if I:

- Have a pacemaker or defibrillator, which may be negatively affected by magnets used to assemble the infrared sauna
- Have a recent (within 48 hours) joint injury,
- Have chronically hot & swollen joints
- Have an enclosed infection (dental, in joints or any other tissue)
- Have hemophilia, or anyone predisposed to hemorrhage
- Have multiple sclerosis, central nervous system tumors or any condition associated with impaired sweating
- Have a fever, or a condition that makes you insensitive to heat
- Am under the influence of drugs or alcohol

I should consult a physician before using the infrared sauna if I:

- Am pregnant (will require written physician consent)
- Am breastfeeding
- Have a history of heart conditions
- Am using medications such as diuretics, barbiturates, antihistamines and beta-blockers

I have read the list of contraindications and understand them and have also had an opportunity to ask any questions to a staff member. To my knowledge, I have no medical condition or contraindication which would preclude me from doing infrared sauna treatments.

I understand that the infrared sauna is for the purpose of detoxification and is not intended to take place of medical care or medications. I understand that I take full responsibility for my own health and well-being. I acknowledge that the results of infrared sauna use do vary, and that no guarantees of specific results are offered or implied. North Coast Cryotherapy will not refund or credit any amount of money because of a client's unhappiness with their final results.

*** AGREEMENT IS CONTINUED ON BACK ***

I agree to hold North Coast Cryotherapy, LLC and all employees, providers, medical directors, officers, directors, owners and associates or authorized representatives harmless from any liability involved in the use of the infrared sauna. North Coast Cryotherapy and their staff have explained this treatment to me and all of my questions, if any, were answered. I have reviewed and completely understand all of the information at www.northcoast-cryo.com regarding this treatment.

Signature: _____ Date: _____

IF THE CLIENT IS UNDER 18 YEARS OF AGE:

As Parent/Legal Guardian of the above listed Client, I acknowledge that I have read and understood the safety standards and warnings provided to me by North Coast Cryotherapy and thereby authorize the person named above to participate in infrared sauna sessions. I acknowledge that I have read and completely understand this consent form, and agree to the above waivers of liability, recommendations and terms. I attest that I have provided accurate age, identity and relationship verification.

Parent/guardian signature: _____ Date: _____