



7501 Murdoch Avenue
Shrewsbury, MO 63119
314-647-3999
www.holifit.com

Infrared Sauna Consent Form

Name: _____ Birth Date: _____

Address: _____ Phone: _____

City _____ State _____ Zip _____

Contraindications:

Are you **pregnant**? Yes () No ()

Do you currently have a **fever, infection or injury**? Yes () No ()

Have you recently had **high blood pressure**, a **heart attack** or other **cardiovascular problem**? Yes () No ()

Do you have a history of **dizziness, fainting spells, heat sensitivity, narcolepsy or seizures**? Yes () No ()

Do you suffer from any **bleeding disorders**? Yes () No ()

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 in order to utilize the Far Infrared Sauna.

Cautions:

- Have you been diagnosed with any other medical condition? Yes () No ()
If yes, which condition? _____
Have you consulted your doctor regarding your ability to use the far infrared sauna? Yes () No ()
It is recommended that you talk with your doctor before using the infrared sauna.
- Are you on any medications? Yes () No ()
Have you consulted your doctor regarding your ability to use the far infrared sauna? Yes () No ()
It is recommended that you talk with your doctor before using the infrared sauna.
- The use of drugs, medications, or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness.
- No one under the age of 18 is permitted in the far infrared sauna unless accompanied by a supervising adult.
- Older patients should consult their physician before using the infra red sauna
- Discontinue the use of the sauna if you feel light-headed, dizzy or heat exhausted.



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Recommendations:

- Sauna sessions should be limited to no more than 30 minutes and temperatures must stay below 150 degrees Fahrenheit.
- It is always important to maintain proper hydration levels during far infrared therapy. Dehydration will actually increase carbohydrate utilization and cause less fat to be burned for energy. We highly recommend drinking a minimum of **4 oz. of water prior to entering the sauna and a minimum of 8 oz. of water after sauna use.** Water bottles are not permitted in the sauna.
- Please consult your physician if you are in doubt regarding your ability to use the far infrared sauna for health reasons.

INFRARED SAUNA AGREEMENT/ ACKNOWLEDGEMENT

I acknowledge and voluntarily assume the risk of injury, accident or death which may arise from the use of a far infrared sauna. I and any of my heirs, executors, representatives, or assigns hereby release 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 agree that this Application and Waiver is in effect for all far infrared sauna sessions and will not expire unless specifically requested by either party.

Signature: _____ Date: _____