

CONFIDENTIAL

SAUNA INTAKE, CONSENT, AND WAIVER FORM

Name: _____ Date of Birth: ___/___/_____ Date: ___/___/_____

Address: _____

Phone: _____ Email: _____

Emergency contact Name and Phone: _____

How did you hear about us? _____

Please Answer the Following Questions:

- | | |
|---|----------------|
| 1. Are you pregnant? | Yes () No () |
| 2. Are you taking any medications? | Yes () No () |
| 3. Have you been diagnosed with any medical condition, such as anhidrosis, that may limit or prevent your ability to sweat? | Yes () No () |
| 4. Do you have unstable angina? | Yes () No () |
| 5. Have you had a recent heart attack? | Yes () No () |
| 6. Do you have severe arterial disease? | Yes () No () |
| 7. Have you been diagnosed with any other medical condition? | Yes () No () |

If "yes", which condition? _____

If you answered "yes" to any of the above questions; have you consulted with your medical provider about using an infrared Sauna? Yes () No ()

FULL SPECTRUM INFRARED SAUNA AGREEMENT/ ACKNOWLEDGEMENT

1. The use of drugs/alcohol or medication prior to or during the sauna session may lead to dizziness or unconsciousness.
2. Please consult your physician if you are in doubt of your ability to use the sauna for health reasons.
3. No one under age 18 is permitted in the sauna unless accompanied by a supervising adult.
4. Discontinue the use of the sauna if you feel light-headed, dizzy or heat exhausted.
5. Sauna sessions are limited to no more than 45 min. and temperatures must stay below 150° Fahrenheit.
6. Plastic water bottles are not permitted in the sauna.
7. Clients using any medications must consult a physician or pharmacist prior to the use of the sauna.
8. Pregnant women should consult their physician prior to the use of the sauna. Excessive body temperatures have a potential for causing fetal damage during the early days of pregnancy.

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

Signature _____ Date _____

PLEASE ALERT STAFF OF SEACOAST CRYOTHERAPY LLC IF THERE ARE ANY CHANGES TO YOUR MEDICAL CONDITION AND/OR TREATMENT IN SUBSEQUENT VISITS.