

(THE ZONE) Sunlighten Sauna Consent Form

Sauna use is by appointment only for non-members. Sauna use is 24/7 for gym members as long as I see the sauna is being cared for properly. Consent to use the far infrared sauna is conditional upon provision of accurate answers to the following questions and signing this agreement.

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____ (Email) _____

Are you a Zone Gym Member? Yes () No () If yes, you may skip the next line.

How did you hear about us? _____ If referred, by whom? _____

Please Answer the following Questions:

1. If female, 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?
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 a far infrared sauna? Yes () No ()

All answers will be held strictly confidential

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.

FAR INFRARED SAUNA AGREEMENT/ACKNOWLEDGEMENT

1. The use of drugs, medication or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness. Clients using any medications must consult a physician or pharmacist prior to use of the sauna.
2. Please consult your physician if you are in doubt regarding your ability to use the far infrared sauna for health reasons.
3. No one under the age of 16 is permitted in the far infrared 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 should be limited to no more than 30 minutes and temperatures must stay below 150 degrees Fahrenheit.
6. Water bottles or any liquid are not permitted in the sauna.
7. Clients using any medications must consult a physician or pharmacist prior to use of the sauna.
8. Pregnant women are not permitted to use the sauna. Excessive body temperatures have a potential for causing fetal damage during pregnancy.

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 _____ Staff/Witness _____