

# CLIENT RELEASE & CONSENT

**Tan Salon Name:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Member #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**W**elcome and thank you for your interest in Infrared Body Wraps. We want to provide you with a great experience, so please don't hesitate to ask any questions you may have. We're here for you!

**Please answer the following so we may better serve you:**

- **Are you pregnant?** *(if so, do not schedule a body wrap)*  Yes\_\_\_  No\_\_\_
- **Do you have a pacemaker?**  Yes\_\_\_  No\_\_\_
- **Do you have high, low blood pressure or heart conditions?**  Yes\_\_\_  No\_\_\_
- **Do you suffer from hemophilia, lupus, over active thyroid?**  Yes\_\_\_  No\_\_\_
- **Do you have multiple sclerosis?**  Yes\_\_\_  No\_\_\_
- **Recent surgery, open wounds, pins or rods?**  Yes\_\_\_  No\_\_\_
- **Do you have diabetes or kidney problems?**  Yes\_\_\_  No\_\_\_
- **Do you have constricted blood vessels?**  Yes\_\_\_  No\_\_\_
- **Are you taking any medication that may cause sensitivity to heat?**  Yes\_\_\_  No\_\_\_
- **Do you have a flu or fever?**  Yes\_\_\_  No\_\_\_
- **Do you have silicone implants?** *(we do not heat the chest area)*  Yes\_\_\_  No\_\_\_

**\* If you have a medical condition or if you answered yes to any of the above questions, please consult your physician before scheduling an Infrared Body Wrap session.**

**Please take a moment to read and initial the following information:**

\_\_\_\_ Infrared Body Wraps are beneficial for most people, however if I have a medical condition or if I answered YES to any of the questions above, I will consult with my physician prior to making an Infrared Body Wrap appointment.

\_\_\_\_ If at any time during the Infrared Body Wrap session I feel dizzy, light headed or discomfort of any kind, I will inform the staff immediately and terminate my session. (Open the wrap, but do not stand up).

\_\_\_\_ I understand that the Infrared Body Wrap will be set at a comfortable temperature for me and if at any time I feel too warm or uncomfortable, the temperature can be lowered.

\_\_\_\_ I understand that heating of the back may cause a temporary increase in menstrual flow during the session.

\_\_\_\_ By signing this release, I hereby wave and release \_\_\_\_\_ from any and all liability, past, present and future relating to the Infrared Body Wrap(s) which I receive from them.

I have read, understand and agree to the terms of this Release and Consent form.

**Client /Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SudaTonic™ Infrared Systems**

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