

NATURAL HEALTH PRACTICES INFRARED SAUNA RELEASE FORM

PLEASE PRINT CLEARLY

Full Name:	Nickname:
Mailing Address:	Apt #:
City and State:	Zip:
Email Address:	Phone:
Preferred primary method of contact (circle one): Email Phone Call Text Message	Whom may we thank for referring you to us?

1. Please contact and consult your physician if you are in doubt of your ability to use the Sunlighten sauna for health reasons.
2. The use of drugs or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness.
3. No clients under the age of 18 are permitted in the Sunlighten sauna unless accompanied by a supervising adult.
4. Pregnant women should not use the Sunlighten sauna.
5. Clients using any medications or who have a medical history of circulatory problems must consult a physician prior to the use of the Sunlighten sauna.
6. Please discontinue the use of the Sunlighten sauna if you feel light-headed, dizzy or heat exhausted.
7. Sauna sessions should be limited to a maximum of 45 minutes.
8. Drink plenty of water before and after your sauna session.
9. Avoid the use of lotions, oils, makeup, or other personal care products before your sauna session.
10. Bring one or more clean organic bamboo or cotton towels to use during your sauna session to avoid sweating on the wood.

I acknowledge and accept the risks inherent in the use of the Sunlighten sauna. I further understand that Natural Health Practices is not attempting to portray, or conduct the activities of a medical facility and I voluntarily assume the risk of injury, accident, or death, which may arise from the use of the Sunlighten sauna. My heirs, executors, representatives, and I hereby release Natural Health Practices from all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of the Sunlighten sauna.

I have carefully read the above safety instructions for using a Sunlighten sauna. I fully understand them and fully agree to comply with instructions. This agreement is in effect for all Sunlighten sauna sessions/treatments and will not expire unless requested by either party.

Patient Signature: _____

Today's Date: _____