



835 HIAWATHA BLVD W  
SYRACUSE, NY 13204  
**(315) 472-CUSE**

WWW.SAUNACUSE.COM

### SAUNA CONSENT FORM

Sauna use is by appointment only. Please book online based on availability or call to schedule an appointment. 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 \_\_\_\_\_

EMERGENCY CONTACT (name/number#) \_\_\_\_\_

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

### 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 a pacemaker or defibrillator?  | YES ( ) NO ( ) |
| 7. Do you have any other surgical implants? (metal pin rod, artificial joint)   | YES ( ) NO ( ) |
| 8. Do you have severe arterial disease?   | YES ( ) NO ( ) |
| 9. Are you currently taking any diuretics, barbiturates, beta-blockers or antihistamines?                                   | YES ( ) NO ( ) |
| 10. 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 your medical provider and received authorization to use an infrared sauna?

YES ( ) NO ( )

*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

- The use of drugs, medication or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness.
- Please consult your physician if you are in doubt regarding your ability to use the far infrared sauna for health reasons.
- No one under the age of 18 is permitted in the far infrared sauna unless accompanied by a parent/guardian. *(Signature required below)*
- Discontinue the use of the sauna if you feel light-headed, dizzy or heat exhausted.
- Sauna sessions are limited to one visit/day.
- Water bottles are not permitted in the sauna.
- Clients using any medications must consult a physician or pharmacist prior to use of the sauna.
- Pregnant women should consult their physician prior to use of the sauna. Excessive body temperatures have a potential for causing fetal damage during the early stages of 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 \_\_\_\_\_

If under the age of 18 - PARENT/GUARDIAN SIGNATURE \_\_\_\_\_