FORM 4

Infrared Sauna Waiver

For every infrared sauna guest · before your first session, renewed once a year

Health screening, sauna guidelines and release. Sessions are 30 minutes.

> Fill in on screen or print it, then sign and bring it to your appointment.
> Your information is kept confidential. Please do not email completed forms.

ABOUT YOU

Full name _____ Date of birth _____

Phone _____ Email _____

Emergency contact name _____ Emergency contact phone _____

HEALTH SCREENING

Do any of these apply to you? If you tick Yes to any of them, please consult your physician before using the sauna.

I am pregnant or may be pregnant	☐ Yes	☐ No
I have a heart condition, irregular heartbeat or a history of heart attack	☐ Yes	☐ No
I have high or low blood pressure, or a tendency to faint	☐ Yes	☐ No
I have a pacemaker, defibrillator, or metal or silicone implants	☐ Yes	☐ No
I take medications that affect heat tolerance or hydration	☐ Yes	☐ No
I have diabetes with neuropathy, multiple sclerosis or a reduced ability to sweat	☐ Yes	☐ No
I am dehydrated, or have a fever, illness or infection	☐ Yes	☐ No
I have a recent injury with swelling (within 72 hours), open wounds or certain skin conditions	☐ Yes	☐ No
I am sensitive to heat	☐ Yes	☐ No

SAUNA GUIDELINES

Please read and initial each guideline.

1. I will hydrate before, during and after my session.

   Initials _____

2. If I am new to sauna use I will begin with a shorter session, and I will end it at any time if I feel dizzy, nauseated, lightheaded or unwell.

   Initials _____

3. I will not use the sauna under the influence of alcohol or drugs.

Initials

4. I will remove jewelry and avoid bringing electronic devices that may overheat.

Initials

5. I will tell staff right away if I feel unwell.

Initials

ACKNOWLEDGEMENT AND RELEASE

I understand that individual experiences vary and that research on infrared sauna is ongoing. I have answered the health screening truthfully. I use the sauna voluntarily and release Mettā Holistic Health from liability for any injury or illness resulting from my use of the sauna, except where caused by its negligence.

Initials

YOUR SIGNATURE

I have read and understand this waiver, and I agree to it in full. I will renew it once a year.

Signature

Date

Printed name