



Sol Sweat Consent Form – Agreement of Release and Waiver of Liability

Sauna use is by appointment only. 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 _____ Email _____ Newsletter Opt Out _____

How did you hear about us? _____ If referred, name of referrer _____

Emergency Contact and Phone #: _____

Please answer the following questions:

- 1. Are you pregnant? How far along? Yes () No ()
2. Are you taking any medication? 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 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 ()

Do not use the far infrared sauna without consulting your physician if you are or have: on prescription drugs, fever, sensitive to heat, over age 65, pregnant, cardiovascular conditions, pacemaker/defibrillator, alcohol/alcohol abuse, joint injury (do not heat 48 hours after injury), hemophiliac/ prone to bleeding, chronic conditions/disease associated with reduced ability to sweat (multiple sclerosis, diabetes and tumors are conditions associated with impaired sweating). If any condition worsens after using Infrared Sauna, use should be discontinued immediately and consult with your health care provider. DO NOT attempt to self-treat any disease with the Far Infrared Sauna without direct supervision of a certified physician.

FAR INFRARED SAUNA AGREEMENT/ACKNOWLEDGEMENT

- 1. The use of drugs, medications or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness.
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 saunas and no one under the age of 18 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 are limited to no more than 40 minutes and temperatures must stay below 150 degrees Fahrenheit; recommended temperatures are between 105-135 degrees Fahrenheit.
6. Clients using any medications must consult a physician or pharmacist prior to use of the sauna.
7. Excessive body temperatures have a potential for causing fetal damage during the early days of pregnancy. If you could be pregnant, do not use infrared sauna.
8. Never sleep inside the sauna while it is on.
9. Do not use sprays, lotions or oils in the sauna. They will stain the wood.
10. You should drink a minimum of 4 oz. of water prior to entering the sauna and a minimum of 8 oz. of water after sauna use.
11. There is a 6 Hour (business hours) cancellation policy to ensure others can book and enjoy session at that time.

Acknowledgement

I have read a copy of this Agreement of Release and Waiver of Liability and will abide by the rules and regulations above.

Signature _____ Date _____

**Sol Sweat Far Infrared Sauna
Waiver, Release and Consent to Medical Attention**

Identification of Risks:

I understand that participation in the use of the Infrared Sauna may involve risk of injury, accident, disability, death, and perhaps damage to property.

Assumption of Risks:

I am physically and psychologically ready to participate in the use of the Infrared Sauna. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the use of the Infrared Sauna.

Status of Sol Sweat:

I understand that Sol Sweat Sauna LLC (including its affiliated organizations, directors, officers, managers, employees and agents) is not my physician and the use of the Infrared Sauna does not constitute the provision of medical or health care services.

Waiver and Release:

I understand and discharge Sol Sweat Sauna LLC and Stacy Sullivan from all claims for any liability, injury, loss, or damage in any way connected with my participation in the use of the Infrared Sauna, whether or not caused in whole or part by the negligence or fault of any of the organizations or individuals mentioned above, and from any advice provided by an employee, independent contractor or any representative.

I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, and next of kin and assigns who might pursue any legal action or claim for such liability, injury, loss or damage. I further intend that this waiver and release shall be effective indefinitely, including participation in other programs or opportunities of Sol Sweat Sauna LLC and Stacy Sullivan, and unless and until I provide written notification to Sol Sweat Sauna LLC and Stacy Sullivan to the contrary.

I agree that Sol Sweat Sauna LLC and Stacy Sullivan (including each of their affiliated organizations, directors, officers, managers, employees and agents) may, but have no duty to me, through medical personnel of their choice, provide customary medical or training assistance, transportation and emergency medical services.

Infrared Sauna:

Monitoring your physical condition during usage is essential. If you experience symptoms of overexposure such as lightheadedness, dizziness, increased heart rate, nausea, or extreme fatigue, leave immediately and sit until your body temperature returns to normal. Should symptoms continue, seek assistance from any staff member, or dial 911 if appropriate.

The health benefits of far infrared sauna therapy have not been evaluated by the FDA, and sauna therapy is not intended to diagnose, treat, cure or prevent any disease. Consult your medical provider before beginning sauna therapy.

Acknowledgement

I have read this waiver, release and consent and understand that I have given up substantial rights by signing it.

I have read and understand the rules and regulations above. I am signing this waiver, release and consent voluntarily.

_____ (Printed name)
_____ (Signature/date) ____/____/____

PLEASE MAKE NOTE OF CANCELLATION POLICY. We require 6 Business Hours, so we have time to rebook session.

Sol Sweat ~ Far Infrared Sauna
10727 Big Bend Road | Kirkwood MO 63122 | 314.609.0555
www.gosweattoday.com | @GoSweatToday