



INFRARED SAUNA AGREEMENT AND CONSENT FORM

Name (First & Last): _____ DOB: _____ Date: _____

E-mail: _____ Phone: _____

PLEASE READ AND UNDERSTAND FOLLOWING:

- You have a private room for 1 hour. Please keep track of time to be courteous of the appointment after you.
- No clients under the age of 18 are permitted in the infrared Sauna.
- You should prepare your skin for your session prior to your arrival. For optimal results, skin should be free of deodorant, make up, fragrances, oils, and lotions. Please remove all jewelry.
- Wait at least 1–2 hours after eating before beginning a sauna session. Always drink plenty of water, during and after your sauna routine.
- Alcohol consumption is not permitted during sauna use. The use of drugs, certain medications, or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness.
- If you are currently taking medications such as beta blockers, diuretics or barbiturates, which can affect your heart rate or interrupt your body's natural abilities to sweat, contact your physician prior to use of infrared sauna.
- If you have been diagnosed with, or suspect any of the following disorders/conditions, please contact your physician prior to use of infrared sauna as it may not be appropriate for you: Adrenal suppression and systematic lupus erythematosus or multiple sclerosis, recent (acute, within 48 hours) joint injury, chronically hot and swollen joints, enclosed infections (either dental, in-joints or any other tissue, breastfeeding, metal pins, rods, artificial joints or any other surgical implant due to the reflection of infrared rays by these articles, hemophiliacs and anyone predisposed to hemorrhage should avoid any type of heating that would induce vasodilatation, which can potentiate the tendency to bleed.
- Pregnant or lactating women are not permitted to use the infrared sauna.
- If you feel light-headed, dizzy, or heat exhausted; open the door, place a cold, wet towel on the back of your head, and drink water.
- I understand that the infrared sauna is not intended to take place of medical care or medications. I understand that I take full responsibility for my own health and well-being. I acknowledge that the results of infrared sauna use do vary, and that no guarantees of specific results are offered or implied.

Uma Clinic will not refund or credit any amount of money because of a client's unhappiness with their final results. I agree to hold Uma Clinic and Slender Body & Mind and all authorized representatives harmless from any liability involved in the use of the infrared sauna.

Uma Clinic and Slender Body & Mind and their staff have explained this treatment to me and all my questions, if any, were answered. I have reviewed and completely understand all the information given to me including this form.

Client Name: _____

Client Signature: _____ Date: _____