

# Wellness Intake and Release of Liability Form



Consent to use the infrared sauna, PEMF, or Red light is conditional upon provision of answering & signing agreement.

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact \_\_\_\_\_ Emergency contact phone number \_\_\_\_\_

How did you hear about us? If referred, name of referral \_\_\_\_\_

Reason / Goals for visit \_\_\_\_\_

## PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Are you pregnant? \_\_\_YES \_\_\_NO. If "yes," for how long? \_\_\_\_\_
2. Are you taking any medications? \_\_\_YES \_\_\_NO. If "yes", list here. \_\_\_\_\_
3. 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 or had a recent heart attack? \_\_\_YES \_\_\_NO
5. Do you have severe arterial disease? \_\_\_YES \_\_\_NO
6. Have you been diagnosed with any other medical condition? \_\_\_YES \_\_\_NO. If "yes", please explain your condition \_\_\_\_\_

If you answered "yes" to any of the above; have you consulted with your doctor about using these treatments? \_\_\_YES \_\_\_NO

## AGREEMENT/ ACKNOWLEDGMENT BEFORE USING PEMF/RED LIGHT/INFRARED SAUNA:

- Remove all metal (electronic or battery-operated devices, keys, wallets, metal belt buckles, cards with magnetic strips, jewelry, hearing aids, etc.)
- Optimal RED LIGHT treatment: minimum of 10-20 minute sessions for treatment area at a distance of 8"-14" from device, and a max of two to three times per day. Use slowly, starting with less time and more distance. Do not touch light or plugs (no wet hands). Do not use over sensitive skin areas.
- Use of NIR light on areas of existing hyperpigmentation may increase this and we recommend using only RED/R+ on these areas.
- Immediately discontinuous if any undesirable effects are felt or noticed.
- Eye protection isn't necessary, but we don't recommend looking directly into the LEDs. For this reason, we include a pair of goggles.
- Clothing. Make sure the area of your body you are treating is fully exposed to the light and not covered. Clothing is not necessary.
- Maintain proper hydration. Drink water before, during and after heat therapies.
- The use of drugs, medication or alcohol prior to sessions may lead to dizziness or unconsciousness. If using prescription drugs seek the advice of a physician or pharmacist for changes in drug effect when the body is exposed to infrared or elevated body temperature. Diuretics, barbiturates and betablockers may impair the body's natural heat loss mechanisms. Anticholinergics such as amitryptaline may inhibit sweating and can predispose individuals to heat rash or to a lesser extent, heat stroke. Drugs, such as antihistamines, may cause the body to be more prone to heat stroke.
- Please consult your physician if you are in doubt of your ability to use these therapies for any health reasons or with any medications.
- No one under the age of 18 is permitted for use of therapies unless accompanied or authorized by a supervising adult.
- Discontinue the use of any of these therapies if you feel light-headed, dizzy or heat exhausted.
- Water bottles are not permitted in the sauna. Place bottles just outside the door.
- For safety reasons, there is a weight limit of no more than 300 lbs. per person in order to utilize sauna.

## CONTRADICTIONS FOR SAUNA/PEMF

- Children: The core body temperature of children rises much faster than adults. This occurs due to a higher metabolic rate per body mass, limited circulatory adaptation to increased cardiac demands and the inability to regulate body temperature by sweating. When using with a child, operate at a lower temperature and for no more than 15 minutes at a time. Unattended use of this device by children or incapacitated persons is not recommended.
- The Elderly: The ability to maintain core body temperature decreases with age. This is primarily due to circulatory conditions and decreased sweat gland function. When using with the elderly, operate at a lower temperature and for no more than 15 minutes at a time.
- Pregnant women, consult physician prior to use. Excessive body temperatures may cause fetal damage during the early days of pregnancy.
- Cardiovascular conditions: Individuals with cardiovascular conditions (hypertension / hypo tension, congestive heart failure, impaired coronary circulation) or those taking medications which may affect blood pressure should exercise caution when exposed to prolonged heat. Heat stress increases cardiac output in an effort to transfer internal body heat to the outside environment (via perspiration) and respiratory system. The heart rate has the potential to increase by thirty (30) beats per minute for each degree increase in core body temperature.
- Alcohol / Alcohol abuse: It is not advisable to attempt to "sweat out" a hangover. Alcohol intoxication decreases a person's judgment; therefore, he/she may not realize when the body has a negative reaction to high heat. Alcohol increases the heart rate, which may be further increased by heat stress.
- Chronic Conditions associated with a Reduced Ability to Sweat: Multiple Sclerosis, Central Nervous System Tumors and Diabetes with Neuropathy.
- Hemophiliacs / Individuals prone to bleeding: The use of infrared saunas should be avoided by anyone who is predisposed to bleeding.
- Fever: An individual who has a fever should not use an infrared sauna until the fever subsides.
- Insensitivity to heat: An individual with insensitivity to heat should not use an infrared sauna.
- Menstruation: Heating the low back area of women during the menstrual period may temporarily increase their menstrual flow.
- Joint injury: If you have a recent (acute) joint injury, it should not be heated for the first 48 hours after an injury or until the swollen symptoms subside. If you have a joint or joints that are chronically hot and swollen, these joints may respond poorly to vigorous heating of any kind.
- Implants: Metal pins, rods, artificial joints or any other surgical implants generally reflect infrared waves and thus are not heated by this system. Nevertheless, you should consult your physician prior to using an infrared sauna.
- Pacemaker / Defibrillator: The magnets used to assemble our saunas can interrupt the pacing and inhibit the output of pacemakers. Please discuss with your doctor the possible risks this may cause.
- Do not use PEMF if you have an implanted electronic device including: pacemaker, defibrillator, cochlear hearing device, spinal stimulator, etc.
- Do not use PEMF if you have been diagnosed with Grave's disease or are actively bleeding.

I understand that it is my responsibility to request, complete and update a new intake form on my future visits to FitBody Studio if I experience a change to my current health conditions listed/described above. I understand and voluntarily accept the risks associated with services, including but not limited to: massage, facials, sauna, etc. or the use of any of the location's facilities. Except where prohibited by law; I acknowledge and voluntarily assume the risk of injury, accident or death which may arise from the use of these therapies, or any other program, event or activity. I agree FitBody Studio will not be liable for death or any injury, including, without limitation, personal, bodily or mental injury, economic loss or any damage to me resulting from negligence, other acts in FitBody Studio, anyone acting on FitBody Studio's behalf, or anyone using the services of the facilities of FitBody Studio, to the fullest extent permitted by law. This agreement together with FitBody Studio wellness plan rules and regulations, constitute the entire agreement between you and us and cannot be amended, except in writing by both parties. Myself and/or any of my heirs, executors, representatives, or assignees hereby release FitBody Studio from all claims or liabilities for death, personal injury or property loss or damages of any kind sustained while on the premises, during the use of these therapies /or from any advice or services provided by an employee, independent contractor or any representative of FitBody Studio. I agree that this application and waiver is in effect for any services, and will not expire unless specifically requested by either party.

Client signature \_\_\_\_\_ Date \_\_\_\_\_

For parents/guardians of participant of minor age (under age 18 at time of registration). This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

Parent / Guardian (if minor) \_\_\_\_\_ Date \_\_\_\_\_

Emergency phone \_\_\_\_\_