Infrared Body Wrap & Sauna Disclaimer

First Name_____Last Name_____Date_____Date of Birth_____
Address _____City _____State _____Zip_____
Phone_____ Emergency Contact Name_____ Emergency Phone_____
Email_____
Have you ever used a FAR Infrared Sauna or Body Wrap: Yes _____ No _____
How did you hear about us: _____

Please note the following listed conditions are considered contraindications for the use of Far Infrared Saunas & Body Wrap Treatments. Please indicate if any of the following apply to you:

Contra-Indications for FAR Infrared Sauna & Body Wrap

- ☐ **Cardiac Condition**
- ☐ **Lupus Erythematous**
- ☐ **Adrenal Suppression**
- ☐ **Multiple Sclerosis**
- ☐ **Metal Pins or Rods**
- ☐ **Artificial Joints**
- ☐ **Implanted Silicone**
- ☐ **Varicose Veins**
- ☐ **Heavy Menstruation**
- ☐ Acute Joint Injury 1st 48 hrs.
- ☐ Implanted Pacemaker
- ☐ Pregnancy
- ☐ Constricted Coronary Blood Vessels
- ☐ High & Low Blood Pressure
- ☐ Enclosed Infections (Dental, Joint)
- ☐ Hemophilia
- ☐ Overactive Thyroid Gland
- ☐ Diabetes Requiring Insulin
- ☐ Kidney Malfunctions
- ☐ Open Wounds
- ☐ Skin Diseases
- ☐ Contact Allergies
- ☐ Fever
- ☐ Severe General Infection

I, the undersigned, consent to the Infrared Sauna & Body Wrap Treatment. I understand that these procedures are for the purpose of detoxification and are not intended to take place of medical care or medications. I clearly confirm that I do not have any contraindications to the Infrared Sauna & Body Wrap Treatments. I understand that I take full responsibility for my own health and well-being

I agree to disclose to 360 Tans if my medical health history should happen to change during the time period of receiving Far-Infrared Sauna & Body Wrap Treatments.

Step out of the infrared sauna immediately if you experience dizziness or are sleepy. In the rare event, that you experience pain and / or discomfort, immediately discontinue sauna use.

Consult your doctor before receiving any FAR-Infrared Sauna or Body Wrap Treatment if you have received treatment for any of the above listed conditions .***You cannot receive the treatment if you suffer from any of the remaining conditions described above.*** If you have a history of any other medical condition or you are taking prescription drugs, you should consult your physician before using the FAR-Infrared Sauna & Body Wrap treatment.

Doctors Name: _____ Telephone #: _____Doctors Approval: Written (__) Verbal (__)

I have been fully informed and understand the use of the FAR-Infrared Sauna, Formostar Encore Body Wrap System and any other Infrared Body Wrap System and accept personal responsibility for my treatments. I understand that 360 Tans and its staff are not liable for any injury to person caused in any way by the use of its services or premises. I am aware that the results achieved by this treatment may vary from person to person, and I acknowledge that no promises or guarantees have been made to me as to the results of this treatment.

Client Signature: _____ Date: _____

You are advised to use the restroom prior to the treatment.
This Infrared Body Wrap & Sauna System is not intended to diagnose, treat or cure any disease and have not been evaluated by the FDA.