**Aspen Tree Hypnotherapy and Wellness**

**Infared Sauna and Halotherapy (Salt Therapy) Waiver**

Name: 

(First) (Middle) (Last)

Address: City/State: Zip: 

Date of Birth: Height: Weight: 

Phone: Email 

How did you hear about us? 

Emergency Contact: Phone: 

**Waiver of Liability, Release and Hold Harmless Agreement:**

I hereby release Aspen Tree Hypnotherapy and Wellness from any liability for damages from illness, injury, and/or death that arises out of, or is connected with or in any manner relates to, client’s use of the infrared sauna, halogenerator, facilities, and services provided at or by Aspen Tree Hypnotherapy and Wellness.

Self-treatment of any disease with an infrared sauna is not recommended without direct supervision of a certified physician.

**If anything listed below applies to you, please consult your physician before using an infrared sauna/halogenerator:**

**Medications \_\_\_\_\_\_\_\_\_\_ Initial**

Individuals using prescription drugs should seek the advice of their personal physician, or pharmacist, for possible changes in the drugs effect when the body is exposed to infrared waves or elevated body temperatures. Some medications including diuretics, barbiturates, and beta-blockers and others may impair the body’s natural heat loss mechanisms. Some over the counter drugs such as antihistamines may cause the body to be more prone to heat stroke.

**Cardiovascular Conditions \_\_\_\_\_\_\_\_\_\_ Initial**

Individuals with cardiovascular conditions or problems (hypertension/hypotension), congestive heart failure, impaired coronary circulation or those who are taking medications which might affect blood pressure should exercise extreme caution when exposed to prolonged heat. Heat stress increases cardiac output and blood flow in an effort to transfer internal body heat to the outside environment via the skin (perspiration) and respiratory systems. If using a pacemaker or defibrillator, please discuss any potential risks involved with your physician.

**Alcohol \_\_\_\_\_\_\_\_\_\_ Initials**

It is not advisable to attempt to “sweat out” a hangover. Alcohol intoxication decreases a person’s judgment. Therefore, it might not be realized when the body has a negative reaction to high heat. Alcohol also increases the heart

rate as well as dehydration, both of which may be further increased by heat in the infrared sauna.

**Chronic Conditions \_\_\_\_\_\_\_\_\_\_ Initials**

Various chronic conditions including Parkinson’s, Multiple Sclerosis, Central Nervous System Tumors, and Diabetes with Neuropathy are associated with impaired sweating. Also notify staff if you are a person with Epilepsy and prefer not to experience Chromotherapy. Please consult a physician before use if you have a chronic condition.

**Joint Injury/Closed Infections \_\_\_\_\_\_\_\_\_\_ Initials**

If you have a recent joint injury, it should not be heated for the first 48 hours after injury or until the hot and swollen symptoms subside. If you have joints that are chronically hot and swollen, these joints may respond poorly to vigorous heating of any kind. Vigorous heating may be contraindicated in cases of infections.

**Implants \_\_\_\_\_\_\_\_\_\_ Initials**

Please consult your physician if you have metal pins, rods, artificial joints, silicone prostheses or any other surgical implants.

**Respiratory Conditions \_\_\_\_\_\_\_\_\_\_ Initials**

If you are a person with asthma, cancer, tuberculosis, cardiac disease, acute respiratory disease, severe hypertension, or a chronic obstructive lung disease please get a physician’s approval before using the halogenerator in the sauna.

\*\* **DO NOT USE** the infrared sauna if you are Pregnant or have Hemophilia, a fever, or a heat sensitivity. \*\*

**In the rare event that you experience dizziness, pain and/or discomfort, immediately discontinue sauna use.**

**I agree to the following:**

I am 18 years of age or older.

I will only remain in the sauna for the time I am allotted.

I will not tamper with the temperature controller, halogenerator, and/or settings of the sauna.

I will notify the staff of any unusual occurrences that happen in the sauna or the sauna room.

I am submitting this release, waiver of liability, and assumption of risk declaration voluntarily and of my own free will.

I have no physical or emotional problems, nor any history thereof, which will impair my ability to utilize the infrared sauna, halogenerator, or facilities and its services in a safe manner.

I understand that the infrared sauna, halogenerator, and facilities will be thoroughly cleaned and examined before my session and after. I understand that I will be charged for damages that occur to the infrared sauna, halogenerator, or facilities during my use if I do not follow the guidelines set herein and that are posted within the sauna/facilities.

I understand and agree that it is my responsibility to assess the hazards presented by my use of the infrared sauna, halogenerator, and/or facilities, and further agree that I am the ultimate judge regarding my personal use of this equipment and these services without risk of harm to myself. I have previously spoken to my doctor regarding any concerns I have and they have signed off on my ability to utilize these services with this equipment.

I understand and expressly assume all responsibility and potential risk incident to using the infrared sauna, halogenerator, or facilities, and hereby RELEASE ALL CLAIMS, including but not limited to, personal injury, property damage or destruction and death, whether caused by NEGLIGENCE, breach of contract or otherwise, and whether for bodily injury, property damage or loss otherwise, which I may ever have against Aspen Tree Wellness and Hypnotherapy.

My use of the infrared sauna, halogenerator, and/or facilities is entirely optional and is of my own free choice. My use of the facilities is in no way a requirement of Aspen Tree Hypnotherapy and Wellness.

Any other provision of this Release to the contrary notwithstanding, I understand that I am strictly liable for any damages, deterioration, and/or loss of use of the infrared sauna/facilities, its systems, and/or contents. Should such loss occur to my use of the infrared sauna, halogenerator, and/or facilities, its systems and/or contents. Should such loss occur due to my use of the infrared sauna, halogenerator, or facilities for any reason.

I hereby assume all risk associated with my use of the infrared sauna and/or halogenerator. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Aspen Tree Hypnotherapy and Wellness, Lance Progressive Enterprises, LLC, Brandy Lance and its employees and agents and hold them harmless from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to the use of the infrared sauna and/or halogenerator including but not limited to any slip and fall incident referred to above. I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Oklahoma.

**Cancellation Policy:**

I will abide by the 24 hours cancellation policy when rescheduling or cancelling appointments, otherwise I understand that I will be charged the full session price.

**Infrared Sauna Monthly Membership:**

I understand that it is my responsibility to terminate my membership upon which charges for subsequent months will cease, and I am aware that there are no refunds or back pay of any lapsed and non-used membership time when I terminate my membership. I am aware that my membership can be shared only with my significant other whom I live with.

I clearly understand and agree to all of the information found within this waiver.



Participant’s Printed Name Signature Date



Parent/Legal Guardian if Participant is -18 Signature Date