STELLAR MASSAGE

RELEASE OF LIABILITY

A far infrared sauna session subjects you to high temperatures typically in a range of 120-140 degrees. If you are not well hydrated prior to your sauna session you may become dehydrated. Even if you are hydrated, it is recommended that you drink 2 to 4 glasses of water or isotonic drinks after the session. Avoid caffeine and alcohol as they are dehydrating.

If at any time during your sauna session you feel it is too hot, let your therapist know so she/he may vent the sauna to reduce the temperature. Also let your therapist know if you feel ill at any time so that he/she can turn the sauna off and assist you.

Do not use if the following apply to you:

Pregnant or Trying to Conceive Hemophilia

Fever Insensitive to Heat

Enclosed Infection Injury within 48 hours

Using Medications: Consult your doctor or pharmacist. Some medications may impair your ability to sweat properly or make you more susceptible to the heat. (example: Diuretics, beta-blockers, barbiturates, anticholinergics, **antihistamines**.)

Saunas are generally safe for most people, but if you have certain medical conditions you may need to take precautions or abstain from use. It is suggested that if you are ill in any way that you consult your doctor prior to using a sauna. While this is not a complete list, following are some common conditions that may make using a sauna dangerous.

Unstable Pectoris Multiple Sclerosis

High/Low Blood Pressure not controlled by medication Diabetes w/Neuropathy

Impaired Coronary Circulation Parkinson’s

Abnormal Heart Rhythms Central Nervous System Tumors

Congestive Heart Failure Pins, Rods, Artificial Joints

Recent Myocardial Infraction Silicone Implants

Severe Aoritic Stenosis Edema/Lymphedema

Pacemaker/Defibrillator Severe Burns/Heat Rash

Children/Elderly

Menstruation is not contraindicated, but a sauna session may increase your flow.

I understand that using a Far Infrared Sauna has risks and have read and understand the above warnings. I release Stellar Massage and my therapist from any liability for any injury or illness suffered by me arising out of my participating in a sauna session.

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 NAME DATE EMERGENCY CONTACT NAME

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