

Sea Sauna

Sauna Cautions

Medications Individuals who are using prescription drugs should seek the advice of their physician or pharmacist for possible changes in the drug's effect when the body is exposed to elevated body temperature. Diuretics, barbiturates, and beta-blockers may impair the body's natural heat loss mechanisms. Anticholinergics such as amitriptyline may inhibit sweating and can predispose individuals to heat rash or, to a lesser extent, heat stroke. Some over-the-counter drugs, such as antihistamines, may also cause the body to be more prone to heat stroke.

Cardiovascular Conditions 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 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 system. This takes place primarily due to major changes in the heart rate, which has the potential to increase by thirty (30) beats per minute for each degree increase in core body temperature.

Chronic Conditions / Diseases Associated with a Reduced Ability to Sweat Multiple Sclerosis, Central Nervous System Tumors and Diabetes with Neuropathy are conditions that are associated with impaired sweating.

Menstruation Heating of the low back area of those who are menstruating may temporarily increase menstrual flow.

Joint Injury If you have a recent (acute) joint injury, it should not be heated for the first 48 hours after injury or until the swelling subsides. If you have a joint or joints that are chronically hot and swollen, these joints may respond poorly to vigorous heating of any kind.

Proper Hydration

It is always important to maintain proper hydration levels during far infrared therapy. Dehydration will increase carbohydrate utilization and cause less fat to be burned for energy. We highly recommend drinking a minimum of 8 oz. of water prior to entering the sauna and a minimum of 8 oz. of water after sauna use.

FULL SAUNA AGREEMENT/ ACKNOWLEDGEMENT

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1. The use of drugs, medication or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness. Clients using any medications must consult a physician or pharmacist prior to the use of the sauna.
2. Please consult your physician if you are in doubt of your ability to use the sauna for health reasons.
3. No one under the age of 16 is permitted in the sauna unless accompanied by an adult.
4. Discontinue the use of the sauna if you feel light-headed, dizzy, or heat exhausted.
5. Sauna sessions should be limited to no more than 60 minutes and temperatures must stay below 90 degrees celsius.
6. Cell phones, and other electronic devices are not permitted in the sauna. Wearing jewellery in the sauna is not advised.
7. Clients using any medications must consult a physician or pharmacist prior to the use of the sauna.
8. If using essential oils, please put 1/2 drops into a ladle full of water and pour onto the stones. Do not pour directly onto the stones.
9. You are not permitted to use the sauna if you are pregnant, have serious heart conditions, a fever, a communicable disease, acute bleeding, or are intoxicated.
10. Cancellation Policy - We offer a partial refund if you cancel the booking more than 72 hours before your session.
11. We reserve the right to postpone/cancel sessions due to adverse weather conditions (lightning, high tides, high wind and fog) We will always try to give as much notice as possible before we cancel a session, however, this can be short notice due to fast changing weather conditions.

I hereby acknowledge that I have read the consent form and contraindications, and I assume any and all risk of using the infrared sauna. I also understand that if I have any health concerns, it is my responsibility to consult with a physician prior to use. I agree not to pursue any legal charges against Sea Sauna for any personal injury or property damage associated with use of the sauna. I agree that this Application and Waiver is in effect for all far sauna sessions and will not expire unless specifically requested by either party.

Consent Form

Name _____

Phone _____

E-mail _____

How did you hear about us?

Please Answer the Following Questions:

1. Are you pregnant? Yes () No ()
2. Are you taking any medications? Yes () No ()
3. Have you been 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? Yes () No ()
5. Do you have any heart conditions? Yes () No ()
6. Do you have severe arterial disease? Yes () No ()
7. Have you been diagnosed with any other medical condition? Yes () No ()
If "yes", which condition?: _____
8. For Solo use only: Have you had abdominal surgery, tummy tuck, c-section, or breast augmentation? If "yes", which condition? _____ Yes () No ()
9. If you answered "yes" to any of the above questions; have you consulted with your medical provider about using a Sauna? Yes () No ()

****DO NOT USE** the sauna if you are pregnant, have serious inflammation, a fever, a communicable disease, acute bleeding, or are intoxicated.**

Signature _____ Date _____