



INFRARED SAUNA & ARRC ATP LED FULL BODY LIGHT CHAMBER CLIENT INTAKE AND RELEASE OF LIABILITY FORM

SAUNA AND ATP LIGHT CHAMBER USE IS BY APPOINTMENT ONLY. PLEASE CALL OR STOP BY OUR FRONT DESK TO SCHEDULE AN APPOINTMENT. CONSENT TO USE THE INFRARED SAUNA AND ATP LIGHT CHAMBER IS CONDITIONAL UPON PROVISION OF ACCURATE ANSWERS TO THE FOLLOWING QUESTIONS AND SIGNING THIS AGREEMENT.

NAME: _____ DOB: _____
ADDRESS: _____ CITY/STATE/ZIP: _____
HOME PHONE: _____ CELL: _____ EMAIL: _____
EMERGENCY CONTACT: _____ EMERGENCY CONTACT PHONE NUMBER: _____
How did you hear about us? _____
If referred, name of referrer: _____
Reason/Goals for visit: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. YES NO - Have you ever used an infrared sauna before?
2. YES NO - Have you ever used a LED Light Chamber before?
3. YES NO - Are you pregnant? How far along?
4. YES NO - Are you taking any medications?
5. YES NO - Diagnosed with any medical condition, such as Anhidrosis, that may limit or prevent your ability to sweat?
6. YES NO - Do you have unstable angina, or other Heart Trouble (pacemaker)?
7. YES NO - Have you had a recent heart attack?
8. YES NO - Do you have severe arterial disease?

9. YES NO - Have you been diagnosed with Acute or Cutaneous Porphyria?
10. YES NO - Have you been diagnosed with Lupus Erythematosus (Consult with doctor – some studies suggest LED may benefit Lupus)?
11. YES NO - Have you been diagnosed with Thyroid Problems (cover Thyroid if on medication)?
12. YES NO - Do you have Photophobia?
13. YES NO - Have you been diagnosed with Exogenous Eczema?
14. **YES NO - Have you been diagnosed with Epilepsy and are seizure prone? Keep out of the ARRC ATP LED LIGHT CHAMBER rooms while the machine is on!!!**
15. YES NO - Do you have Hypomelanism?
16. YES NO - Do you have Skin Cancer (melanoma)?
17. YES NO - Do you take Blood thinners? Consult with your doctor, (NO may reduce BP and increase circulation)
18. YES NO - Have you been diagnosed with any other medical condition? If “yes”, please explain your condition: _____
- If you have Eye disease, Migraines, Asthma, Consult your doctor – some studies suggest the LED Light Chamber may help.
19. YES NO - If you answered “yes” to any of the above questions; have you consulted with your medical provider about using a Infrared Sauna or LED Light Chamber?

It is always important to maintain proper hydration levels during infrared therapy. Dehydration will actually increase carbohydrate utilization and cause less fat to be burned for energy. We highly recommend drinking a minimum of 4 oz. of water prior to entering the sauna and a minimum of 8 oz. of water after sauna use.

INFRARED SAUNA AND ARRC ATP LED FULL BODY LIGHT CHAMBER AGREEMENT/ ACKNOWLEDGMENT

1. The use of drugs, medication or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness.
2. Please consult your physician if you are in doubt of your ability to use the Infrared Sauna or ATP LED Light Bed for health reasons.
3. No one under the age of 14 is permitted in the infrared sauna or the Light Bed unless accompanied by a supervising 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 45 minutes and temperatures must stay below 150 degrees Fahrenheit.
6. Clients using any medications must consult a physician or pharmacist prior to the use of the sauna or light bed.
7. Pregnant women should consult their physician prior to the use of the sauna or light bed. Excessive body temperatures in the infrared sauna have a potential for causing fetal damage during the early days of pregnancy.

I FURTHER UNDERSTAND THAT IT IS MY RESPONSIBILITY TO REQUEST, COMPLETE AND UPDATE A NEW INTAKE FORM ON MY FUTURE VISITS TO **TREE OF LIGHT WHOLE BODY REJUVENATION CENTER, LLC** IF I EXPERIENCE A CHANGE TO MY CURRENT HEALTH CONDITIONS LISTED/DESCRIBED ABOVE. I UNDERSTAND AND VOLUNTARILY ACCEPT THE RISKS ASSOCIATED WITH THE INFRARED SAUNA AND/OR THE ARRC ATP LED FULL BODY LIGHT CHAMBER. 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 A INFRARED SAUNA, ARRC ATP LED

FULL BODY LIGHT CHAMBER OR ANY OTHER PROGRAM, EVENT OR ACTIVITY. I AGREE **TREE OF LIGHT WHOLE BODY REJUVENATION CENTER, LLC** 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, **TREE OF LIGHT WHOLE BODY REJUVENATION CENTER, LLC** ANYONE ACTING ON **TREE OF LIGHT WHOLE BODY REJUVENATION CENTER, LLC'S** BEHALF, OR ANYONE USING THE SERVICES OF THE FACILITIES OF **TREE OF LIGHT WHOLE BODY REJUVENATION CENTER, LLC**, TO THE FULLEST EXTENT PERMITTED BY LAW. THIS AGREEMENT TOGETHER WITH **TREE OF LIGHT WHOLE BODY REJUVENATION CENTER, LLC**, 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 **TREE OF LIGHT WHOLE BODY REJUVENATION CENTER, LLC** 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 THE INFRARED SAUNA AND /OR THE ARRC ATP LED FULL BODY LIGHT CHAMBER OR ANY ADVICE OR SERVICES PROVIDED BY AN EMPLOYEE, INDEPENDENT CONTRACTOR OR ANY REPRESENTATIVE OF **TREE OF LIGHT WHOLE BODY REJUVENATION CENTER, LLC**. I AGREE THAT THIS APPLICATION AND WAIVER IS IN EFFECT FOR ALL INFRARED OR LIGHT CHAMBER SESSIONS OR ANY OTHER SERVICES, AND WILL NOT EXPIRE UNLESS SPECIFICALLY REQUESTED BY EITHER PARTY.

Client Signature: _____ Date: _____
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 _____