**Guidelines for usage of the Radiant Health Infrared Sauna**

* Please do not take food or any drinks except for water into the sauna.
* Please bring a large drinking vessel and 1 large and 1 small towel from home.
* This is a dry sauna – please do not put water on the emitters.
* Please keep your feet and hands off of the windows and door.
* You may open the vent to reduce the temperature if you wish.
* This sauna has an am/fm stereo with CD player and remote control for your convenience. Please ensure that the unit is closed into the ceiling while the sauna is in operation.
* The interior light, the exterior light, or the colour light therapy may be turned off if you choose.
* Please note that many individuals require several sessions to start sweating profusely in the sauna.

**Thank you for observing these guidelines!**

 Infrared sauna usage is contraindicated for pregnant and breast-feeding women. Please consult your doctor if you have any medical conditions that would prevent you from using the infrared sauna.

I, the undersigned, acknowledge that I understand that I am currently not under Dr. Emina Jasarevic and/or Mind Body Soul Integrative Clinic care as a patient. I am aware that for diagnosis of health problems, recommended treatment options, and medical supervision I must consult my medical doctor or book an initial visit to become a patient of one of our in-house ND’s. I understand that the educational material and suggestions provided are not to be used as a substitute for medical care.  I confirm and acknowledge that Mind Body Soul Integrative Clinic and/ or Dr. Emina Jasarevic cannot be held liable for any adverse consequences allegedly arising from these Radiant Health Infrared Sauna sessions, or from any information provided. I assume all risks and responsibility for myself, and release Mind Body Soul Integrative Clinic and/or Dr. Emina Jasarevic from responsibility for any injury or liability that may occur as a result of any infrared sauna sessions that I choose to take.

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name(s) (printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­**