

ALTERNATIVE WELLNESS GROUP

410 NORTH FIRST STREET UNIT E AND F

CLIENT INTAKE AND RELEASE OF LIABILITY FORM:

- FULL SPECTRUM INFRARED SAUNA
- IONIC FOOT BATH
- VIBRATION PLATE
- RED LIGHT
- CERAGEM

The Detox Room is by appointment only. Please call AWG at **406-381-7348** or BOOK ONLINE at www.alternativewellnessgroup.com. Consent to use the far INFRARED SAUNA, IONIC FOOT BATH, VIBRATION PLATE, RED LIGHT or CERAGEM is conditional upon provision of accurate answers to the following questions and signing this agreement.

NAME: _____ DOB: _____ ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ EMAIL: _____
EMERGENCY CONTACT: _____ EMERGENCY CONTACT PHONE NUMBER: _____

Reason/Goals for visit: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever used an infrared sauna before? YES / NO _____
2. Are you pregnant? YES / NO _____ If yes, how far along? _____
3. Are you taking any medications? YES / NO _____
4. Diagnosed with any medical condition, such as Anhidrosis, that may limit or prevent your ability to sweat? YES NO
5. Do you have unstable angina? YES / NO _____
6. Have you had a recent heart attack? YES / NO _____
7. Do you have severe arterial disease? YES / NO _____
8. Have you been diagnosed with any other medical condition? YES / NO _____

If "yes", please explain your condition: _____

If you answered "yes" to any of the above questions, have you consulted with your medical provider about using a far infrared Sauna? YES/NO _____

It is always important to maintain proper hydration levels during far 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.

FULL SPECTRUM INFRARED SAUNA 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 far infrared for health reasons.
3. No one under the age of 18 is permitted in the far infrared sauna 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 60 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.
7. Pregnant women should consult their physician prior to the use of the sauna. Excessive body temperatures have a potential for causing fetal damage during the early days of pregnancy.
8. For safety reasons, there is a weight limit of no more than 300 lbs. per person in order to utilize the sauna.

I FURTHER UNDERSTAND THAT IT IS MY RESPONSIBILITY TO REQUEST, COMPLETE AND UPDATE A NEW INTAKE FORM ON MY FUTURE VISITS TO **Alternative Wellness Group** IF I EXPERIENCE A CHANGE TO MY CURRENT HEALTH CONDITIONS LISTED/DESCRIBED ABOVE. I UNDERSTAND AND VOLUNTARILY ACCEPT THE RISKS ASSOCIATED WITH THE SAUNA AND/OR ANY OTHER SERVICES, INCLUDING BUT NOT LIMITED TO: MASSAGE, BIORESONANCE, IONIC FOOTBATH, VIBRATION PLATE, SAUNA, CERAGEM, RED LIGHT etc. 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 FULL SPECTRUM INFRARED SAUNA, OR ANY OTHER PROGRAM, EVENT OR ACTIVITY. I AGREE ALTERNATIVE WELLNESS GROUP 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 ALTERNATIVE WELLNESS GROUP, ANYONE ACTING ON ALTERNATIVE WELLNESS GROUP'S BEHALF, OR ANYONE USING THE SERVICES OF THE FACILITIES TO THE FULLEST EXTENT PERMITTED BY LAW. THIS AGREEMENT TOGETHER WITH ALTERNATIVE WELLNESS GROUP PLAN RULES AND REGULATIONS, 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 ALTERNATIVE WELLNESS GROUP 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 FULL SPECTRUM INFRARED SAUNA AND /OR FROM ANY ADVICE OR SERVICES PROVIDED BY A PRACTITIONER, INDEPENDENT CONTRACTOR OR ANY REPRESENTATIVE OF ALTERNATIVE WELLNESS GROUP. I AGREE THAT THIS APPLICATION AND WAIVER IS IN EFFECT FOR ALL MESSAGES, DETOX TREATMENTS AND/OR FULL SPECTRUM INFRARED SESSIONS OR ANY OTHER SERVICES, AND WILL NOT EXPIRE UNLESS SPECIFICALLY REQUESTED BY EITHER PARTY.

CONTRADICTIONS FOR FAR INFRARED SAUNA

- Medications: Individuals who are using prescription drugs should seek the advice of their personal physician or a pharmacist for possible changes in the drug's effect when the body is exposed to infrared waves or 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.
- Children: The core body temperature of children rises much faster than adults. This occurs due to a higher metabolic rate per body mass, limited circulatory adaptation to increased cardiac demands and the inability to regulate body temperature by sweating. **CHILDREN ARE NOT PROHIBITED TO USE THE DETOX ROOM UNDER THE AGE OF 18.**
 - The Elderly: The ability to maintain core body temperature decreases with age. This is primarily due to circulatory conditions and decreased sweat gland function. The body must be able to activate its natural cooling processes in order to maintain core body temperature. Elderly are advised to operate at a lower temperature and for no more than 15 minutes at a time.
- Cardiovascular Conditions: Individuals with cardiovascular conditions or problems (hypertension / hypo tension), 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.
- Alcohol / Alcohol Abuse: Contrary to popular belief, it is not advisable to attempt to "sweat out" a hangover. Alcohol intoxication decreases a person's judgment; therefore, he/she may not realize when the body has a negative reaction to high heat. Alcohol also increases the heart rate, which may be further increased by heat stress.
- Chronic Conditions / Diseases Associated with a Reduced Ability to Sweat or Perspire: Multiple Sclerosis, Central Nervous System Tumors and Diabetes with Neuropathy are conditions that are associated with impaired sweating.
- Hemophiliacs / Individuals Prone To Bleeding: The use of infrared saunas should be avoided by anyone who is predisposed to bleeding.
- Fever: An individual who has a fever should not use an infrared sauna until the fever subsides.
- Insensitivity to Heat: An individual with insensitivity to heat should not use an infrared sauna.
- Pregnancy: Pregnant women should consult a physician before using an infrared sauna.
- Menstruation: Heating of the low back area of women during the menstrual period may temporarily increase their menstrual flow.
- Joint Injury: If you have a recent (acute) joint injury, it should not be heated for the first 48 hours after an injury or until the swollen symptoms subside. If you have a joint or joints that are chronically hot and swollen, these joints may respond poorly to vigorous heating of any kind.
- Implants: Metal pins, rods, artificial joints or any other surgical implants generally reflect infrared waves and thus are not heated by this system. Nevertheless, you should consult your physician prior to using an infrared sauna.
- Pacemaker / Defibrillator: The magnets used to assemble our saunas can interrupt the pacing and inhibit the output of pacemakers. Please discuss with your doctor the possible risks this may cause.

CONTRAINDICATIONS FOR CERAGEM

- People who have a chronic disease or have come out from recent surgery should consult a doctor before using this treatment.
- During this treatment, the abdominal musculature must be relaxed. So it is recommended not to eat anything an hour before and after this treatment.
- If you weigh more than 300 pounds or are pregnant, or have had surgery in the past three months, you should avoid this treatment.
- Spinal Fusions

CONTRAINDICATIONS FOR RED LIGHT

- FDA and other regulatory agencies have not outlined absolute contraindications for red light therapy.
- Malignant Tumors/cancers
- Recent Burns
- Hyperthyroid (keep away from Neck and Upper Chest)
- Pregnancy (keep away from abdomen)
- Eye Disease (do not have near eyes)
- Sensitive eyes
- People with Systemic Lupus Erythematosus
- People with Severe bleeding of blood loss
- People on Photosensitizing Medications
- People with Hyperpigmentation

CONTRAINDICATIONS FOR VIBRATION PLATE

- Kidney or bladder stones
- Arrhythmia
- Pregnancy
- Epilepsy
- Seizures
- Cancer
- A Pacemaker
- Untreated orthostatic hypotension
- Recent implants
- Recent surgery
- Acute thrombosis or hernia, acute RA
- Serious cardiovascular disease
- Severe diabetes
- Severe migraines

CONTRAINDICATIONS FOR IONIC FOOT BATH

- A wearer of a pacemaker or any other battery operated or electrical implant
- Pregnant or nursing women
- Any person who is on heartbeat regulating medication
- Any person who is on blood thinners
- Any person who has had an organ transplant
- Any person who is taking a medication, the absence of which would mentally or physically incapacitate them, e.g., psychotic episodes, seizures, etc.

In addition, the following recommendations should be strongly considered:

- Many medications require that a blood level be maintained in order to be effective, such as blood pressure medication. You may be able to schedule an IonCleanse® session just before the administering of medication so that the client can maintain proper blood levels.
- Make sure that clients with low blood sugar have eaten before an IonCleanse® session. The IonCleanse® tends to lower blood sugar in diabetics and may do so with those who are hypoglycemic.
- As a general rule, you can use the Ionic foot bath if you are on dialysis, take insulin, or who have congestive heart failure. Gentle purification will help the body eliminate toxins which the kidney and heart cannot eliminate on their own but will not interfere with medications or deplete insulin levels.
- People who have had a metal joint implant, although some have found the exposure to an electromagnetic field to be too uncomfortable. If you feel uncomfortable, stop the session immediately.

By signing below, I understand that I am responsible for making my own health choices and take full responsibility for any health concerns I may have, and any contraindications associated with the therapies I choose to partake in. We at Alternative Wellness Group are not a medical group and therefore will not diagnose any health conditions. If there is a concern for a greater health risk, we will advise you to see your primary medical provider.

Client Signature: _____

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:
