



RelaxWell Infrared Sauna POD Deluxe WAIVER

Please Print Name: _____ Date: _____

Address: _____ City _____

Province: _____ Postal Code _____

Phone #: _____ Date of Birth _____ M/D/YEAR

Age: _____ Gender: M _____ F _____ Occupation: _____

Email: _____

Renewed Health & Wellness advises the client to NOT receive a session in the RelaxWell POD system if they have any of the conditions listed below. **(Circle YES or NO)**

- YES/NO Active cancer
- YES/NO Epilepsy
- YES/NO High blood pressure/low blood pressure
- YES/NO Broken bones or slipped disc
- YES/NO Intoxication
- YES/NO Infectious or contagious skin conditions; skin lesions, open abrasion and/or areas of inflammation or persistent erythema
- YES/NO Outfitted with pacemakers or defibrillators
- YES/NO Intolerance to heat
- YES/NO Pustules or cysts
- YES/NO Kidney disorders



Individuals with the following conditions are advised to obtain WRITTEN physician consent before using the RelaxWell POD Deluxe: **(Circle YES or NO)**

- * YES/NO Pregnancy or lactating
- * YES/NO Heart disease and/or other cardiovascular conditions
- * YES/NO Diabetes
- * YES/NO Individuals with implants, pins, rods, artificial joints etc
- * YES/NO Using medications such as diuretics, barbiturates,
- * YES/NO Using beta blockers and/or anticholinergics
- * YES/NO Inflamed areas
- * YES/NO Varicose veins

By signing below I confirm that the answers to the questionnaire are true and correct. I have read the contents of this Personal Profile, Health History and Consent Form carefully and state I am not aware of any medical conditions or any other reason that would prohibit me from receiving RelaxWell POD sessions. I understand individual results may vary. I have been given instructions for the proper use of the equipment and I will use it at my own risk. I hereby give my consent to have RelaxWell POD sessions and release the owners, operators, and manufacturer from any damages that I might incur due to the use of this facility:

Client Name (Please Print): _____

Client Signature: _____

Date ____/____/____