

Inner Health Center Inc

Therapy Waiver and Consent Form

I understand that the **Infrared Sauna Session** I will receive is provided for the basic purpose of assisting in pulling toxins out, built up debris, and toxins within the blood stream and muscle tissue. I further understand that an **Infrared Sauna Session** should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for mental or physical ailment that I am aware of.

Because an **Infrared Sauna Session** can be contraindicated under certain conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my intake form and understand that there shall be no liability in any way on the therapist's part or Inner Health Center Inc.

Patient's Signature

Patient's Name (Please Print)

Date