

ASSESSMENT AND INFORMED CONSENT



		DATE	
NAME			
DATE OF BIRTH		GENDER	
ADDRESS			
EMAIL		CONTACT NO.	
NEXT OF KIN/EMERGENCY CONTACT NAME AND NUMBER			

RED-LIGHT SAUNA

COVID-19 QUESTIONS:

1. Have you come into close contact (within 6 feet) with someone who has a laboratory confirmed COVID – 19 diagnosis in the past 14 days?

YES/NO

2. Do you have any of the following: fever or chills, cough, shortness of breath or difficulty breathing, body aches, headache, new loss of taste or smell, sore throat?

YES/NO

If you suspect you may be experiencing any of the symptoms above, government guidelines advise you to isolate and consult with your GP. If you suffer from any medical conditions or allergies which could impact your ability to use our facility, please consult with your GP before doing so.

At Nimaya MindStation, we make all reasonable efforts to ensure a comfortable, clean and safe environment for you. To ensure this, please read the following and sign your name to indicate your understanding and agreement.

This waiver applies to the upcoming Red-Light Sauna and all subsequent Red-Light Sauna experiences.

undertaken by the undersigned at Nimaya MindStation.

I will **NOT** use the Red-Light Sauna:

- a. wearing jewellery or with oils or creams on my body;
- b. under the influence of drugs or alcohol;
- c. if I suffer from fever, unless, in the opinion of my doctor, my fever is under medical control so that I am in sufficient safety to use the Red-Light Sauna chamber;
- d. if I am epileptic unless in the opinion of my doctor my epilepsy is under medical control so that I am in sufficient control of my seizures not to endanger myself in the Red-Light Sauna chamber
- e. if I am on photosensitive medication;
- f. if I am pregnant;
- g. if I suffer from Hypertension (high blood pressure) (BP > 160/100) or low blood pressure (BP < 90/50), unless, in the opinion of my doctor, my Hypertension is under medical control so that I am in sufficient safety to use the Red-Light Sauna chamber;
- h. if I have a condition causing an inability to perspire;
- i. if I suffer from any allergies that would flare up by using this treatment;
- j. if I am taking antihistamines, anticoagulants, vasoconstrictors, vasodilators, stimulants, hypnotics, tranquilisers or any other medication which may pose a risk when combined with the infrared sauna, if in doubt I will consult my doctor;
- k. if I suffer from diabetes, unless, in the opinion of my doctor, my diabetes is under medical control so that I am in sufficient safety to use the Red-Light Sauna chamber;
- l. if I suffer or have suffered from chronic heart disease, wear a pacemaker or suffer from any other heart problem unless, in the opinion of my doctor, my chronic heart disease, my pacemaker or my heart problem is under medical control so that I am in sufficient safety to use the Red-Light Sauna centre;
- m. if I suffer from any mental or physical illness or ailments and whether I am on any medication or getting treatments of any sort, unless, in the opinion of my doctor, my illness or ailment is under medical control so that I am in sufficient safety to use the Red-Light Sauna chamber;
- n. if I suffer from incontinence, nausea, epilepsy or psychotic attacks;
- o. if I have medically been advised not to use a Red-Light Sauna chamber;
- p. if I feel unwell, am injured, have open or bleeding wounds;
- q. if I have an acute skin condition;
- r. if I suffer from severe migraine attacks;
- s. if I have recently had an operation unless, in the opinion of my doctor, my physical and mental condition is under medical control so that I am in sufficient safety to use the Red-Light Sauna chamber;
- t. if I have laser treatment to my face within the last month unless, in the opinion of my doctor, I am in sufficient safety to use the Red-Light Sauna chamber;
- u. if I have cancer
- v. if I have fresh tattoos (note that the Red-Light Sauna therapy can cause irritations to the skin). If I have any doubts, I will seek the opinion of my doctor.
- w. if I have any communicable or infectious disease or illness, skin disorder, large cuts, open sores or wounds;
- x. if I suffer from narcolepsy, unless, in the opinion of my doctor, my condition is under medical control so that I am in sufficient safety to use the Red-Light Sauna
- y. if I have been advised not to use this equipment by my doctor;

- z. if I am menstruating, without the use of proper feminine hygiene products;
 - aa. if I have inflammation or thrombosis
 - bb. if I suffer from acute or recent myocardial infarction (heart attack), arrhythmia, symptomatic cardiovascular disease, accident, such as stroke, uncontrolled seizures, symptomatic lung disorders, bleeding disorders, infection, claustrophobia, intolerance to heat, incontinence unless, in the opinion of my doctor, the said ailments or conditions are under medical control so that I am in sufficient safety to use the Red-Light Sauna.
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1. I confirm that I have read the form carefully and fully understand the above statements.
2. I confirm that the nature of the Red-Light Sauna experience has been explained to me.
3. I confirm that I understand that the Red-Light Sauna is not a medical or psychological therapy and is not intended as a treatment or remedy for any condition.
4. I confirm that I have been asked at this time whether I have any unanswered questions and that I will ask any additional questions that may be of concern to me before this and any future use of the Red-Light Sauna.
5. I hereby confirm that no warranty or guarantee, or other assurance has been made to me covering the results of the Red-Light Sauna treatment. I have been explained and understand the administration of the process, including possible adverse reactions, side effects, or other possible complications. It is understood that this consent is being given in advance of any administration of the process and is being given by me voluntarily to use the Red-Light Sauna equipment.
6. I confirm that I am satisfied that the person supervising my Red-Light Sauna session has the knowledge and training to do so.
7. I confirm that if in future my medical condition should change in any way that I will inform Nimaya MindStation for a reassessment of my eligibility to use Red-Light Sauna.
8. I hereby agree to indemnify and hold harmless Nimaya Mindstation from any costs related damage or similar related costs that may incur due to the use of the Red-Light Sauna by me.
9. Upon using Red-Light Sauna, I absolve Nimaya MindStation and its employees and agents from any and all liability in connection with use thereof whether such loss or damage be direct or indirect.
10. This Agreement shall be construed in accordance with the laws of England and Wales.

I confirm that I am a competent adult of at least 18 years of age and that by signing this form I am fully aware of the risks and hazards connected to the use of the equipment. I am voluntarily participating in the equipment usage. I also hereby agree and understand that I shall have consulted with my own doctor prior to using the Red-Light Sauna if I am currently taking any medication or under a doctor's care for any reason or if I have or ought to have any reason for consulting my doctor before using the Red-Light Sauna.

SIGNATURE.....

DATE.....

OFFICE USE ONLY	
SUPERVISOR	Check and signature: