

Far Infrared Sauna and Valkion "Informed Consent & Acceptance of Responsibility"

I, _____ agree that I have been provided ample and substantial information in the form of written, printed and website information on the above items (Far Infrared Sauna and Valkion) before commencing the use of both or either (Far Infrared Sauna and Valkion).

I have either provided the clinic with a signed request from a healthcare practitioner that they advise the **Far Infrared Sauna and/or Valkion therapy** will be ok considering my current known medical health and any substance I'm taking (this includes, medications, vitamins, supplements, etc). I have also the opportunity to discuss the above items through a consultation with the consultant healthcare practitioner at Infinity Health and Wellness if I have any concerns before I begin. If at any stage I feel unwell, react please immediately seek medical or emergency assistance or the treatment can be stopped. I have been shown how to use the Sauna and Valkion and assistance can be reached by dialing the phone marked reception or any other number if needed.

I accept that if I have not seen a healthcare practitioner prior to undertaking therapy(s) above and are willing to go ahead with the therapies(s) advised above I do so at my own initiative and consequence. I agree that information has been provided on the above therapies.

I have read, or have had read to me, the above consent. I have also had the opportunity to ask questions about its content and by signing below, I agree to these conditions. I intend this consent to cover the entire course of the therapy(s) undertaken, including follow up treatments at any stage as long as it is undertaken at **Infinity Wellness Solutions 510 Glynburn Road Burnside SA 5066**. I am responsible for all fees and agree that they are payable in full once the service has been performed.

Printed Name of client

Print name of clients representative

Relationship or authority

Signature of client and/or representative

Date signed

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