



Joy Centers Healing Association

A Private Membership Association

Multi-service RELEASE FORM

**SERVICES INCLUDED: Microcirculation, Ionic (Frequency) Foot Detox, Foot Soak, Facials, Head to Toe, Muscle Testing
TrueRife frequencies, Terahertz, Infrared Sauna and light therapy, PEMF**

Personal Information: Please print legibly

Name _____ Primary Phone _____

Address _____

City/State/Zip _____

Email _____ Date of Birth _____ Occupation _____

Emergency Contact _____ Phone _____

Please answer questions to the best of your knowledge.

1. How would you rate the current state of your health: Excellent Good Fair Poor
2. Are you currently under a doctor's care? If so, explain: _____

3. For women, are you pregnant? Yes/No If yes, how far along? _____
4. List other therapies besides conventional medicine or chiropractic in which you are currently participating: _____

5. Are you taking any medication? If so, what? _____

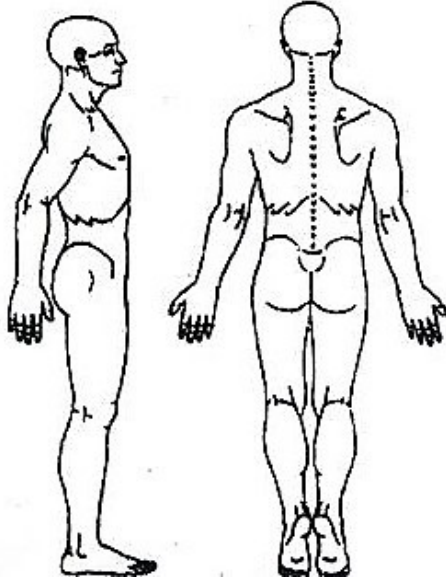
6. List previous major illnesses, accidents, surgeries or broken bones: _____

9. Do you have any specific goals for our session? _____

FOR HEAD TO TOE, FACIALS, MASSAGE CLIENTS: Where is tension/pain most evident in your body

Shade in all areas of pain. Grade the intensity of pain i

0 = no pain / no discomfort, 10 = the worst pain you c:



DO ANY OF THE FOLLOWING APPLY TO YOU?

- Any metal in the body
- Infections of the foot or contagious illness
- Diabetes
- Deep Vein Thrombosis

INFRARED SAUNA:

- **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.**

- **Have you ever used an infrared sauna before?**

✓ PLEASE CHECK ANY BOX THAT APPLIES TO YOU:

- Severe edema
- High-Risk pregnancy or history of miscarriage**
- Trauma to the feet (broken bones, open sores or wounds, osteoporosis)
- Constipation
- Blood Clotting Issues
- Head Aches

THOSE WHO SHOULD NOT DO IONIC FOOT SOAKS

- Suffer from Epilepsy
- Have a pace-maker or other electrical monitoring device
- Pregnant
- Open wound or cut on feet
- Organ Transplant
- Liver Disease
- On Blood Thinners
- Auto-Immune Disorder (use with caution)
- Diabetes (ok on lower frequencies or Frequency Detox)

- Diagnosed with any medical condition, such as Anhidrosis, that may limit or prevent your ability to sweat?
- Do you have unstable angina?
- Have you had a recent heart attack?
- Do you have severe arterial disease?
 - Clients using any medications must consult a physician or pharmacist prior to the use of the sauna.
- 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.
- For safety reasons, there is a weight limit of no more than 350 lbs. per person in order to utilize sauna.

*If “yes”, please explain your condition:

If you answered “yes” to any of the above questions; have you consulted with your medical provider? YES NO

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. Temperatures must stay below 165 degrees Fahrenheit. 6. Water bottles are available in the Tea Bar for purchase; hydrate before, during and after as needed.

Joy Centers Healing Association service AGREEMENT/ ACKNOWLEDGMENT You need to know that:

1. Joy Centers Healing Association is a Private Health Association, by signing this agreement I agree that I have chosen to use these services as an act of my free will and in a private agreement as a member or guest. 2. The care team are not doctors 3. Joy Centers team does not diagnose or treat for a specific illness. 4. JOY CENTERS HA will never prescribe or adjust medication. 5. Reflexology, massage, ionic foot detox, rife frequencies, terahertz, microcirculation, infrared sauna or any other services offered at JOY CENTERS HA are experimental and not a substitute for medical care. I understand and voluntarily accept the risks associated with including but not limited to the use of any of these services offered at any of JC HA facilities. If you are experiencing any specific medical problem(s) and have not seen your medical doctor, we recommend that you do so today. I further understand that it is my responsibility to request, complete and update a new intake form on my future visits to JOY CENTERS HA if I experience a change to my current health conditions listed/described above. I agree to this private contract and 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 service, event or activity. I agree as a private member to not hold Joy Centers Healing Association 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 JOY CENTERS HA, anyone acting on JOY CENTERS HEALING ASSOCIATION’S behalf.
2. This PRIVATE agreement together with JOY CENTERS Healing Association’s wellness plan rules and regulations, constitute a private agreement between us and cannot be amended, except in writing by both parties. Myself and/or any of my heirs, executors, representatives, or assignees hereby release JOY CENTERS HA 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 received while at JOY CENTERS HA. I agree that this application and waiver is in effect for all massages, facials and/or full spectrum infrared sessions, frequencies, ionic foot detox, PEMF, chromotherapy, sound therapy, emotion code, other Joy Centers Healing Association services and will not expire unless specifically requested by either party.

* By signing this form, I give my consent as a private member or guest of a Joy Centers HA member and I understand that I may discontinue a session or sessions at any time. If I have been diagnosed by a licensed health professional as having any disease, injury or other physical or

mental condition, I understand that I should inform the person who made the diagnosis, about the service I am receiving. I further take responsibility for my own health and well-being. **Initials:** _____

Signature _____ Date _____