Rosita P. Walker, MSN, ARNP, FNP-BC · 7015 W. Deschutes Ave, Ste A, Kennewick, WA 99336 · (509) 266-8274

Infrared Sauna
Informed Consent & Liability Waiver

Please read every section. Ask questions before signing. Your signature confirms you understand and accept the terms below.

PATIENT INFORMATION

Full legal name

Date of birth

Phone

Emergency contact (name & phone)

1. SERVICE & SCOPE

Tri-Cities Precision Health ("TCPH") offers private infrared sauna sessions using a Dynamic Saunas three-person cabin (interior approximately 63" × 51") located at 7015 W. Deschutes Ave, Ste A, Kennewick, WA. Sessions are 30 minutes and are provided by appointment only. All new users complete a brief intake and heat-tolerance assessment with a TCPH provider before their first session.

Infrared sauna is offered as a wellness and supportive care modality. It is **not** a treatment for any specific medical, psychiatric, or oncologic condition, and it does not replace evaluation, diagnosis, or treatment by your primary care provider, specialist, or oncologist. Any references to potential benefits (cardiovascular conditioning, muscle recovery, relaxation, mood support, detoxification support, supportive care during cancer treatment) reflect the current wellness and research literature and are **not** guarantees of outcome.

2. KNOWN RISKS OF INFRARED SAUNA USE

Sauna use carries real physiologic risk. I understand that possible adverse effects include, but are not limited to:

- **Dehydration** and electrolyte imbalance, which can cause weakness, dizziness, cramping, or fainting.
- **Orthostatic hypotension** (a sudden drop in blood pressure when standing) that can cause fainting or falls.
- **Overheating / heat exhaustion / heat stroke**, particularly with prolonged sessions or inadequate hydration.
- **Cardiovascular stress** — elevated heart rate and vasodilation, which may unmask or worsen underlying heart disease, arrhythmia, or unstable blood pressure.
- **Skin irritation, rash, burns, or discomfort**, especially over recent tattoos, unhealed wounds, active dermatitis, or skin treated with retinoids or acids.
- **Interaction with medications**: diuretics, beta-blockers, antihypertensives, antihistamines, anticholinergics, stimulants, sedatives, alcohol, and cannabis can all impair heat tolerance or thermoregulation.
- **Transdermal patch overdose** (fentanyl, nicotine, hormone, scopolamine, lidocaine) — heat can dramatically increase absorption. See critical notice below.
- **Nausea, headache, fatigue** during or after a session.

CRITICAL — REMOVE ALL TRANSDERMAL PATCHES BEFORE ENTERING

Heat can increase absorption of medications delivered by skin patches by up to 2–5 times, creating a risk of overdose that can be life-threatening — especially with **fentanyl**. Before every session, remove all transdermal patches (fentanyl, nicotine, hormone, scopolamine, lidocaine, nitroglycerin, clonidine, and any other) and notify your TCPH provider. Do **not** re-apply the patch to warm or sweating skin.

3. HEALTH SCREEN — PLEASE ANSWER HONESTLY

Answer every question. A "Yes" answer does not automatically disqualify you from sauna use — it triggers review by your TCPH provider before your first session.

Are you pregnant, could you be pregnant, or are you actively trying to conceive?	☐ Yes	☐ No
Do you have unstable heart disease, unstable angina, recent heart attack (within 6 months), severe aortic stenosis, or decompensated heart failure?	☐ Yes	☐ No
Do you have blood pressure that is uncontrolled (readings routinely above 180/110), severe low blood pressure, or a history of fainting?	☐ Yes	☐ No
Have you had a stroke or TIA within the past 3 months, or do you have unstable cerebrovascular disease?	☐ Yes	☐ No
Do you have a pacemaker, defibrillator, cochlear implant, insulin pump, or other implanted electronic device?	☐ Yes	☐ No
Are you wearing any transdermal medication patch today (fentanyl, nicotine, hormone, scopolamine, lidocaine, nitroglycerin, clonidine, other)?	☐ Yes	☐ No
Do you have a fever, active infection, flu-like illness, or COVID-19 symptoms today?	☐ Yes	☐ No
Do you have hemophilia, another bleeding disorder, or are you on high-dose anticoagulation?	☐ Yes	☐ No
Do you have multiple sclerosis, autonomic neuropathy, or any condition that impairs your ability to sense heat or sweat normally?	☐ Yes	☐ No
Are you currently receiving active cancer treatment (chemotherapy, radiation, immunotherapy)? If yes, TCPH will coordinate with your oncologist before clearing sauna use.	☐ Yes	☐ No
Do you have insulin-dependent diabetes, adrenal insufficiency, or a history of heat-related illness?	☐ Yes	☐ No
Have you consumed alcohol, cannabis, or recreational drugs in the past 6 hours, or are you currently intoxicated?	☐ Yes	☐ No
Do you have any open wounds, recent surgery (within 6 weeks), silicone implants exposed to heat, or active skin condition (eczema flare, psoriasis flare, sunburn, rash)?	☐ Yes	☐ No
Do you take medications that affect heat tolerance (diuretics, beta-blockers, antihypertensives, antihistamines, anticholinergics, stimulants, sedatives, opioids)?	☐ Yes	☐ No

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4. SAFETY AGREEMENTS — I WILL

- Hydrate before, during, and after every session. TCPH provides water.
- Limit my first session to 15–20 minutes at a moderate temperature until my heat tolerance is established.
- Not exceed 30 minutes per session, and take at least 4 hours between sessions.
- Exit the cabin immediately if I feel dizzy, nauseated, short of breath, develop chest pain, palpitations, sudden headache, blurred vision, or if my skin stops sweating.
- Remove all transdermal medication patches before entering.
- Remove jewelry that could heat against my skin, contact lenses if uncomfortable, and any topical products, oils, or lotions that could be affected by heat.
- Not use the sauna under the influence of alcohol, cannabis, sedatives, or recreational drugs.
- Notify TCPH promptly of any new diagnosis, new medication, new implanted device, or new pregnancy that occurs after this form is signed.
- Follow all posted safety instructions and staff directions.

5. CANCER SUPPORTIVE CARE — SPECIFIC ACKNOWLEDGMENT

If I am living with cancer or receiving cancer treatment, I understand that infrared sauna use at TCPH is offered as **supportive care alongside my oncologist's plan**, not as a treatment for cancer. TCPH does not treat cancer and does not recommend that I delay, modify, or refuse any oncology-directed therapy (chemotherapy, immunotherapy, radiation, surgery, or medication) recommended by my oncology team. I authorize TCPH to coordinate with my oncologist regarding sauna use, and I understand that TCPH may decline to provide sauna sessions if my oncologist recommends against heat exposure or if my clinical status makes it unsafe.

6. ASSUMPTION OF RISK & RELEASE OF LIABILITY

I have read and understand the information above. I have had the opportunity to ask questions, and any questions I asked have been answered to my satisfaction. I confirm that the answers I provided in the health screen are true and complete to the best of my knowledge. I understand that my failure to disclose a relevant health condition, medication, or device may materially increase my risk and may void this consent.

I voluntarily choose to use the infrared sauna at TCPH. I **knowingly and freely assume all risks** — known and unknown, foreseeable and unforeseeable — arising from my use of the sauna, including risks described above and any risks that could not reasonably be anticipated.

To the fullest extent permitted by Washington law, I release, waive, discharge, and covenant not to sue Tri-Cities Precision Health PLLC, Rosita P. Walker, ARNP, and their owners, employees, contractors, and agents (the "Released Parties") from any and all liability, claims, demands, or causes of action arising out of or connected with my use of the infrared sauna, **except** for claims arising from gross negligence or willful misconduct. I understand that this release does not apply to any right that cannot be waived under Washington law.

7. PHOTO & MEDIA RELEASE (OPTIONAL)

I authorize TCPH to take non-identifying photographs of the sauna cabin or promotional imagery in which I may appear only if I check "Yes" below. Checking "No" or leaving blank means TCPH will not use my image.

☐ Yes, I consent to photography. ☐ No, do not photograph me.

SIGNATURE

Patient signature

Date signed

Reviewed by (TCPH provider)

Date reviewed