**Restoration Wellness Infrared Mat Session Waiver and Release Form**

**Client Information:**
- Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_
- Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Infrared Mat Session Overview:**Welcome to Restoration Wellness! We are delighted to offer Infrared Mat Sessions, a unique wellness experience designed to promote relaxation and healing. Infrared mats use far-infrared technology to deliver gentle heat that penetrates deep into the body, aiding in detoxification, pain relief, improved circulation, and relaxation. This innovative therapy can help alleviate muscle tension, reduce stress, enhance sleep quality, and support overall well-being.

**Waiver and Release:**
By signing this waiver, I acknowledge and agree to the following:

- My participation in the Infrared Mat Session is voluntary, and I understand that I can choose to discontinue the session at any time if I feel uncomfortable.

- I have provided all relevant health information to the practitioner, including any medical conditions, medications, or allergies that may affect my participation in this therapy.

- I understand that Infrared Mat Therapy is not intended to diagnose, treat, cure, or prevent any medical conditions. It is not a substitute for medical care or treatment.

- I have been informed about the nature of the Infrared Mat Session and the procedures involved, and I have had the opportunity to ask questions regarding the therapy.

- I acknowledge that while Infrared Mat Therapy is generally considered safe, individual results may vary, and I assume all risks associated with the treatment.

- I hereby release and hold harmless Restoration Wellness, its practitioners, employees, and agents from any claims, liabilities, damages, or expenses arising from my participation in the Infrared Mat Session, including any injuries or adverse effects that may result.

- I understand that my personal health information will be kept confidential and will only be disclosed with my consent or as required by law.

- By signing below, I confirm that I have read and understood this waiver and release form in its entirety and that I agree to the terms and conditions outlined herein.

**Client Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for choosing Restoration Wellness for your Infrared Mat Session. We are excited to support you on your journey to relaxation and enhanced health!