

PATIENT AGREEMENT FOR USE OF SAUNA RAY INFRARED SAUNA AT THE REVIVELIFE CLINIC

Date: _____

I _____ a patient of Revivelifelife Clinic, have read all the literature provided and understand the procedures and precautions as indicated and agree to use the sauna ray at my own risk.

I understand as with any medical treatment that there are potential risks and do not hold Revivelifelife Clinic or any of its Professionals or Employees liable.

I understand that this treatment is for the intent of promoting health.

SIGNED

PATIENT

WITNESS

On the _____ Day of _____, 20____,

At Ottawa, Ontario