CLIENT INFORMATION - SAUNA RELEASE FORM

Personal Information
Name: _____ Date: _____ Date of Birth: _____
Address: _____ City: _____ State _____ Zip _____
Phone: _____ Occupation: _____ Email: _____

How did you hear about us? *(online search, gift certificate, social media, name of referrer - so we can thank them, other?)*
_____

What benefit(s) are you trying to achieve through your sauna visit?

___Relax/Reduce Anxiety
___Lose Weight/Speed up metabolism
___Chronic or Acute Pain/Spasms
___Detox
___Other? _____

Please be advised of the following:

1. The use of drugs or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness.
2. No clients under the age of 18 are permitted in the sauna unless accompanied by a supervising adult.
3. Pregnant women should not use the sauna.
4. Please contact and consult your physician if you are in doubt of your ability to use the sauna for health reasons.
5. Please discontinue the use of the sauna if you feel light-headed, dizzy or heat exhausted.
6. Sauna sessions should be limited to a maximum of 45 minutes.
7. It is advised to drink plenty of water before and after your sauna session.
8. Clients using any medications must consult a physician prior to the use of the sauna.
9. Clients with a medical history of circulatory system problems should consult a   physician prior to using the sauna.

Please take a moment to carefully read the following information and sign where indicated:

I acknowledge and accept the risks inherent in the use of the Sunlighten sauna. I voluntarily assume the risk of injury, accident, or death, which may arise from the use of the sauna. I and any of my heirs, executors, representatives, or assigns hereby release from all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of the sauna and from any advice provided by an employee, independent contractor or any representative.

I further understand that Aches Away Massage Specialists is NOT A Medical Doctor and is NOT attempting to portray, or conduct the activities of a Medical Doctor and I release her, the Facility and Manufacturer from any adverse effects I may incur by the use of the sauna.

I have carefully read the above safety instructions for using a Sunlighten sauna. I fully understand them and fully agree to comply with instructions. This agreement is in effect for all sauna sessions/treatments and will not expire unless requested by either party.

Signed: _____