pure
Eco Spa & Boutique

SUNLIGHTEN SAUNA RELEASE FORM

Name _____ **Date** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Telephone (home) _____ **(work)** _____ **(cell)** _____

E-mail address _____

Birthdate _____ **Age** _____ **Referred by** _____

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

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 Sunlighten 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 Sunlighten sauna and from any advice provided by an employee, independent contractor or any representative.

I further understand that Rose Maloney, or any staff of Pure Eco Spa & Boutique are **NOT Medical Doctors** and are NOT attempting to portray, or conduct the activities of Medical Doctors and I release her, the Facility and Manufacturer from any adverse effects I may incur by the use of the Sunlighten 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 Sunlighten sauna sessions/ treatments and will not expire unless requested by either party.

Client Signature _____ **Date** _____