

Sunlighten Release Form

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone (home) _____ (work) _____
(cell) _____ E-mail address _____
Birthdate _____ Age _____ Referred by _____

1. Please contact and consult your physician if you are in doubt of your ability to use the sauna for health reasons.
2. No clients under the age of 18 are permitted in the sauna unless accompanied by a supervising adult.
3. Please discontinue the use of the sauna if you feel light-headed, dizzy or heat exhausted.
4. Sauna sessions should be limited to a maximum of 30 minutes.
5. It is advised to drink plenty of water before and after your sauna session.
6. Clients using any medications must consult a physician prior to the use of the sauna.
7. Pregnant women should not use the sauna.
8. Do not use any chemicals or lotions prior to your sauna session. These items may block pores and effect perspiration as well as stain the wood of the sauna.

I acknowledge and accept the risks inherent in the use of the 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.

I further understand that _____ 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 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.

Client Signature

Date