



### Sunlighten Saunas Release Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ 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 Sunlight Sauna for health reasons.
3. No clients under the age of 18 are permitted in the Sunlight Sauna unless accompanied by a supervising adult.
4. Please discontinue the use of the Sunlight 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 Sunlight Sauna.
8. Pregnant women should not use the Sunlight Sauna.
9. Clients with a medical history of circulatory system problems should consult a physician prior to using Sunlight Sauna.
10. 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 Sunlight Sauna. I voluntarily assume the risk of injury, accident, or death which may arise from the use of the Sunlight 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 Sunlight Sauna and from any advice provided by an employee, independent contractor or any representative.

I further understand that Centered Spirit's staff are not Medical Doctors and are not attempting to portray, or conduct the activities of a Medical Doctor and I release them, the Facility and Manufacturer from any adverse effects I may incur by the use of the Sunlight Sauna.

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

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date