

**The Salt Cave**  
**Liability and Safety Waiver Agreement**



Welcome to The Salt Cave. We ask all our clients to acknowledge and agree to the following:

I will not use the Salt Cave if:

- I have chronic kidney disease, any stage of tuberculosis, or hyperthyroidism which is not controlled.
- I am in the acute stage of any contagious respiratory disease.
- I have a stomach virus
- I am currently on chemotherapy (physicians permission required)
- I am wearing perfumes or scented lotions, or smell of cigarette smoke.

**NO FOOD OR DRINK IS PERMITTED IN THE CAVE**

**Please refrain from conversation** and other activities that may disturb others.

The use of the Salt Room is not intended to substitute for medical care or treatment. Do not change your medication without first consulting your physician.

Salt Therapy may temporarily cause some people to experience a dry throat and increased coughing. These symptoms are an expected response to the therapy, in which excess mucous, loosened by the salt, is expelled from the deepest part of the lungs.

**Waiver and Release of Liability**

On behalf of myself and all persons claiming through me, I hereby release, waive and discharge The Salt Cave at Doylestown llc and affiliate The Salt Cave @ Newtown, its members, its employees and its agents from all liability for any and all loss, damage or claims I may have in any manner arising out of or in connection with my use of the facilities of The Salt Cave at Doylestown. I have read and fully understand this Waiver and Release of Liability, and acknowledge that it is a material condition to my use of The Salt Cave at Doylestown/Newtown LLC's facilities. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability in connection with the use of the facilities, whether such loss or damage is direct, indirect and/or consequential, to the greatest extent allowed by law in the Commonwealth of Pennsylvania.

This document, signed once, and the agreements made herein and the foregoing waiver and release of liability shall apply to each and every use, now and hereafter, I make of the facilities of The Salt Cave at Doylestown/Newtown LLC.

I have read through the entire agreement and consent to its content. Please check.

**DATE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_

**Clients Full PRINTED Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**CELL PHONE NUMBER:** \_\_\_\_\_

**ALTERNATE PHONE NUMBER:** \_\_\_\_\_

**If Client is under 18 please print & sign parent/guardian name:** \_\_\_\_\_