



116 W High St  
Mt. Vernon, OH 43050

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_

I, \_\_\_\_\_, the Client, or Parent or Guardian of the minor child listed herein, hereby agree to partake in the process of Halotherapy.

- I am aware of and understand the potential benefits, risk, and consequences of Halotherapy, which is an alternate/unconventional therapy.
- I have had the opportunity to investigate this therapy and ask questions of the staff of Harmony Salt Spa. All of my questions regarding Halotherapy have been answered to my satisfaction and I have determined that this therapy is a safe, reasonable therapy for me or the minor listed below.
- I acknowledge that no one associated with or on behalf of Harmony Salt Spa has made any promises or suggestions that Halotherapy is a treatment, cure, or substitute for any/all medical conditions which I may have.
- I acknowledge that Harmony Salt Spa has recommended that all medical conditions and/or concerns be treated by a physician competent in treating that particular condition.
- I acknowledge that Halotherapy has not been evaluated by the Food and Drug Administration and is not intended to diagnose, treat, cure or prevent any medical condition.
- I represent that I am not presently nor have I in the past suffered from any medical condition, including but not limited to: acute stage of respiratory disease; cardiac insufficiency; chronic obstructive lung diseases with 3rd stage of chronic lung insufficiency; unexplained bleeding; expiration of blood; hypertension in II B stage; acute kidney disease; internal diseases in an acute stage; tuberculosis; cancer; for which Halotherapy may be contraindicated.
- I represent that I do not now have an infection accompanied with a fever and acknowledge that should I develop same I will not partake in Halotherapy.
- I understand and agree that my voluntary decision to participate in Halotherapy fully and completely releases Harmony Salt Spa, its agents, owners and employees from any and all liability.
- I understand and agree that my voluntary decision to participate in Halotherapy is at my sole discretion and I hereby waive any and all claims of liability against Harmony Salt Spa, its agents, owners and employees.
- I understand and agree that should any concerns arise regarding my participation in Halotherapy that I will cease my participation and seek medical advice from a licensed healthcare practitioner.
- I voluntarily agree to participate in the Halotherapy offered by Harmony Salt Spa.

\_\_\_\_\_  
Participant's Name (Please Print)

\_\_\_\_\_  
Parent or Guardian's Name (Please Print)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Relationship to Minor