



Sunlighten Sauna Release Form

Name _____ Date _____

Address _____ City _____ Zip _____

Cell _____ Email _____

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 a 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 Be Well Massage Skin Care Spa is **NOT A MEDICAL DOCTOR** and is **NOT** attempting to portray, or conduct the activities of a Medical Doctor and I release 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.

Allergies: **Are you allergic to Nuts:** _____ Please list any allergies you: _____
have: _____

Client Signature

Date