

Sunlighten Saunas Intake and Release Form

Name _____ Date ____ / ____ / ____

Address _____ City _____ State _____ Zip _____

Telephone (home) _____ (cell) _____

E-mail address _____ Birthdate _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone # _____

The studio sends a newsletter every other month with updates, specials, and new offerings. *** Would you like to receive InsideOut's newsletter? YES NO**

Please check all that apply. Services of interest:

Pilates. Pilates-Based PT Massage Therapy TRX® Yoga

Rolwing® Structural Integration. Sauna Acupuncture

Other _____

Please initial that you have read the following statements: _____

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 Sunlighten sauna.

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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. _____ (initials)

I acknowledge that I have been given, have read and understand the contraindications for sauna use. _____ (initials)

I further understand that InsideOut Body Therapies, LLC (IOBT) is **NOT A Medical Facility** and is **NOT** attempting to portray, or conduct the activities of a Medical Facility and I release IOBT and the Manufacturer from any adverse effects I may incur by the use of the Sunlighten sauna. _____ (initials)

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.

Client Signature

Date