## **Pampered Spirit**

Welcome to Pampered Spirit. We are grateful for your patronage. So that all our clients may have a safe and beneficial experience here, we ask you to acknowledge and agree to the following:

I will **not use** the salt cabin or sauna if:

Parent/guardian name (please print)

- I have a chronic health condition, which is not controlled, without my doctor's consent.
- I am in the acute stage of any contagious respiratory disease.
- I have a stomach virus, fever, or I am intoxicated.
- I am currently receiving chemotherapy treatment, without my doctor's consent.
- I am wearing perfumes or scented lotions, or smell of cigarette smoke.

## NO FOOD, DRINK OR CELL PHONES ARE PERMITTED IN THE SALT CABIN/SAUNA

<u>Please refrain from conversation</u> and other activities which may disturb others in the center. Salt or Sauna **may damage your cell phone or any other electronic device** you may have on your person.

The use of the salt cabin or sauna 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 salt therapy, in which excess mucus, loosened by the salt, is expelled from the deepest parts of the lungs.

## **Waiver and Release of Liability**

On behalf of myself and all persons claiming through me, I hereby release, waive and discharge Pampered Spirit, 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 Pampered Spirit. I have read and fully understand this Waiver and Release of Liability, and acknowledge that it is a material condition to my use of Pampered Spirit 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 state of New Jersey.

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 Pampered Spirit.

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

Today's date:

Birthdate:

Full name (please print):

Email address:

Address:

Address:

Zip code:

Mobile phone #

Alt #

Signature:

If client is under 18, parent/guardian permission is required

Parent/guardian signature