

Haute Skin Spa & Tanning Sunlighten Infrared Sauna Release Form

First Name _____ Last Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone _____ E-mail address _____
Birthdate _____ Age _____ Referred by _____

1. No drugs or alcohol prior to or during the session, this 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 Infrared Sauna for health reasons.
3. No clients under the age of 18 are permitted in the Sunlighten Sauna unless authorized by Management.
4. Please discontinue the use of the Sunlighten Sauna if you feel light-headed, dizzy or heat exhausted.
5. Sauna sessions are 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 sauna.
8. Pregnant women are not allowed to use the Sunlighten Sauna.
9. Anyone who has a synthetic pacemaker needs to have a doctor's note to use.
10. Clients with a medical history of circulatory system problems should consult a physician prior to using the Sunlighten Sauna.
11. Incorrect use of controls will be subject to fees.
12. Clients may be subject to surcharges if customer remains in room longer than 60 minutes.
13. No Shoes ever allowed in the Sauna
14. No Liquids of any kind allowed in the 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 here by 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 Haute & Company, LLC and _____, is **NOT A Medical Doctor** and is **NOT** attempting to portray, or conduct the activities of a Medical Doctor and I release him/her, 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 the Sunlighten Sauna. I fully understand them and fully agree to comply with instructions and instructions given to me by any member of Haute & Company, LLC. This agreement is in effect for all Sunlighten Sauna sessions/treatments and will not expire unless requested by either party.

Client Signature

Date