

**Vitalistic Health Spa
Sunlighten Saunas Release Form**

Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Birthdate _____ Age _____ Referred by _____
Health Goals related to sauna use (please list) _____

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 16 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 infrared sauna.
8. Pregnant women should not use the Sunlighten infrared sauna.
9. Clients with a medical history of circulatory system problems should consult a physician prior to using Sunlighten sauna.
10. Clients with a pacemaker or defibrillator must not use the Sunlighten sauna due to magnets used in the construction of 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 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 Yellow Canary Health spa is NOT a Medical Doctor and is NOT attempting to portray, or conduct the activities of a medical doctor and I release her/him, the Facility, , and the Manufacturer from any adverse effects I may incur by the use of the Sunlighten sauna.

Dated this _____ day of _____ 2021

For Sunlighten Sauna use:

Client Signature: _____

Client Name: _____