

Lehigh Valley Healing Circle

Sunlighten Sauna Therapy Release Form

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone(home) _____ (work) _____
(cell) _____ E-mail address _____
Birthdate _____ Age _____ Referred by _____

Lehigh Valley Healing Circle does not provide towels for sitting on, you must provide your own towel.

Persons using the sauna may not raise the temperature of the sauna.

1. It is advised to drink plenty of water before and after your sauna session, replacing the loss of important electrolytes is also very important.
2. It's important to know that the infrared sauna radiation works at the core and pushes toxins, waste, and heavy metal out through your pores. Depending on how hydrated you are or how much debris your body is storing, will determine how much you will sweat. There may be times you may not sweat at all.
3. Please contact and consult your physician if you are in doubt of your ability to use the Sunlighten sauna for health reasons.
4. No clients under the age of 18 are permitted in the Sunlighten sauna unless accompanied by a supervising adult.
5. Please discontinue the use of the Sunlighten sauna if you feel light-headed, dizzy or heat exhausted.
6. Initial sauna sessions should be limited to a maximum of 20 minutes.
7. The use of drugs or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness
8. Clients using any medications must consult a physician prior to the use of the Sunlighten sauna. 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.
10. Do not use any chemicals or lotions prior to your sauna session. These items may block pores and effect perspiration as well as stain the wood 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 the therapist of LVHC are NOT A Medical Doctor and is NOT attempting to portray, or conduct the activities of a Medical Doctor and I release 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 a Sunlighten sauna. I fully understand the mandfully 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 _____