



### **Acknowledgement of Safe Sauna Use**

#### Consent

I understand that use of the sauna is provided for the purpose of relaxation/relief of muscular tension and is NOT a substitute for medical examination, treatment, or diagnosis. For these concerns, I will seek the advice of a medical professional.

I acknowledge and accept the risks inherent in the use of the Sunlighten sauna. I voluntarily assume the risk of injury or accident which may arise from 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 have received and reviewed the safety instructions and contraindications 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 from this date forward.

I understand Wellville requires a 24 hour notice for all reschedules and cancellations with the only exception being medical emergencies for me or a member of my immediate family. Missed appointments will be charged at 50% of the scheduled service. I accept payment for missed appointments if I fail to provide the required notice.

CLIENT NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_