Sweet Heat Sauna Studio Client Waiver
Sauna & Red Light Therapy

Client Waiver, Release of Liability, and Informed Consent

Client Name:
Date of Birth:
Phone Number:
Email Address:
Emergency Contact:
Emergency Contact Phone:
Date:

Acknowledgment and Assumption of Risk

I understand that I should not participate if:

- I am under the influence of drugs or alcohol.
- I have a fever or contagious illness.
- My physician has advised against heat exposure or light-based therapies.
- I have any condition that may be worsened by sauna use or red light exposure.

I understand that participation in **sauna** sessions involves inherent risks, including but not limited to:

- Overheating or heat-related illness
- Dehydration
- Dizziness, fainting, or lightheadedness
- Changes in blood pressure
- Skin sensitivity or irritation
- Aggravation of existing health conditions
- Falls or injuries occurring on the premises
- Unknown or unforeseeable risks

With full knowledge of these inherent risks, I voluntarily choose to participate in Provider's sauna services and I assume all risks associated with my participation.

I understand that participation in **red light therapy** sessions involves inherent risks, including but not limited to:

- Overheating or heat-related illness
- Dehydration
- Dizziness, fainting, or lightheadedness
- Changes in blood pressure
- Skin sensitivity or irritation
- Aggravation of existing health conditions
- Falls or injuries occurring on the premises
- Unknown or unforeseeable risks and red light therapy sessions

With full knowledge of these inherent risks, I voluntarily choose to participate in Provider's red light therapy services and I assume all risks associated with my participation.

I understand that sauna and red light therapy services are not intended to diagnose, treat, cure, or prevent any disease and are not a substitute for professional medical advice, diagnosis, or treatment.
I affirm that I have consulted with a healthcare provider regarding any medical concerns that may affect my participation.

Client Responsibilities

I agree to:

- Follow all posted rules and staff instructions.
- Stay hydrated before and after sessions.
- Exit any session immediately if I experience discomfort, dizziness, nausea, or other concerning symptoms.

Release of Liability

In consideration of receiving services from Sweet Heat Sauna Studio, LLC **("Provider")**, I hereby release, waive, discharge, and hold harmless Provider, its owners, managers, employees, contractors, agents, successors, affiliates, and representatives from any and all claims, liabilities, demands, actions, damages, costs, or expenses arising out of or related to my participation in sauna and/or red light therapy services, except where prohibited by law.
This release includes claims relating to personal injury, illness, property damage, disability, or death resulting from participation in these services.

Acknowledgment

I certify that:

- I have read this document in its entirety.
- I understand its contents.
- I have had the opportunity to ask questions.
- I voluntarily agree to be bound by its terms.

Client Signature:
Printed Name:
Date:

For Minors (if applicable)

I am the parent or legal guardian of the above-named minor and consent to their participation in sauna and/or red light therapy services. I agree to all terms of this waiver on behalf of the minor.
Parent/Guardian Name:
Signature:
Date: