



# Tara's Touch & Wellness

## FULL SPECTRUM INFRARED SAUNA RELEASE FORM

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

1. I have read and understood the contraindications page on the Tara's Touch Website.
2. The use of drugs or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness.
3. Please contact and consult your physician if you are in doubt of your ability to use the sauna for any health reasons.
4. No clients under the age of 18 are permitted in the sauna unless accompanied by a supervising adult.
5. Please discontinue the use of the sauna if you feel light-headed, dizzy, sick or heat exhausted.
6. Sauna sessions should be limited to a maximum of 45 minutes.
7. It is advised to drink plenty of water or electrolyte enhancing beverages before and after your sauna session.
8. Clients using any prescription medications must consult a physician prior to the use of the sauna.
9. Pregnant women should not use the sauna.
10. Clients with a medical history of circulatory system problems should consult a physician prior to using the sauna.

I acknowledge and accept the risks inherent in the use of this Sunlighten sauna. I voluntarily assume the risks which may arise. I and any of my heirs, executors, representatives, or assigns hereby release Tara Lewallen/Tara's Touch from all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of this Sunlighten sauna and from any advice provided by an employee, independent contractor or any representative.

I further understand that Tara Lewallen/Tara's Touch is **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 them and fully agree to comply with instructions. This agreement is in effect for all Sunlighten sauna sessions/treatments and will not expire unless the client requests to void the contract in writing.

Client Signature

X \_\_\_\_\_

date: \_\_\_\_\_