



Name:			Date:				
Phone	:		Email:				
Addres	ss:						
Date o	f Birth:		Gender	:			
Is this	visit for you, someone	else, or both? ☐ Myse	elf □ Someone	e else □ Both			
	If for someone else a	and they're a minor, ple	ase add their na	ame and information	on bel	OW:	
	Child's Name:			Birthdate:			
	Child's Name:		Birthdate:				
	Child's Name:			Birthdate:			
1. Yo	ır reason for visitin	ng (check all that ap	oly):				
Respiratory		Skin	General		Infrared Sauna		
2. Ho	Allergies Asthma Colds, coughs, flu Congestion COPD Emphysema Snoring Sinus infections Other:	□ Psoriasis □ Eczema □ Dermatitis □ Acne □ Flaking skin □	☐ Athlet☐ Troub☐ Decre☐ Overa	ve breathing ic performance le sleeping ase stress ill wellness		Detoxification Recovery Pain Relief Reduce Inflan Heart & Blood	nmation I Pressure Health
3. Wh	at other remedies o	or medications you'	ve tried?				
4. Wh	y are you intereste	d in trying salt thera	py specifical	ly?			

Consent and Release for Halotherapy/Infrared Sauna Therapy

Halotherapy (salt therapy) is the process of breathing in micro-sized salt particles that are created by a Halogenerator; which has not been approved by the Federal Food and Drug Administration (FDA) as a medical device for treatment of any disease or condition, or as an overall health benefit.

Infrared Sauna therapy uses infrared heat to warm the body directly not heat the air around you. Allowing heat to penetrate deeply into the tissue to detoxify your body naturally.

DISCLAIMER: This treatment is not a substitute for medical advice.

Information provided by our website or any printed materials includes results that were obtained in clinical settings but have not yet been evaluated by the Food and Drug Administration. Any and all health information obtained or received from Arden Salt Room & Sauna or anything affiliated with said company is to be used for preliminary and experimental purposes only Arden Salt Room & Sauna makes no claims or representations regarding this information. Sessions or products purchased from our company are not intended to treat, diagnose, prevent or cure any disease or condition; nor should it take the place of your treatment or medication prescribed to you by your doctor. For all of your health concerns or inquiries, please consult a licensed healthcare practitioner first. Our therapies should be avoided during the acute phase of any illness, including the following: infections accompanied by fever, acute active tuberculosis, cardiac insufficiency, COPD in third stage, bleeding, spitting of blood, contagious ailments, have use of an oxygen tank to aid breathing, alcohol or drug intoxication, unstable or uncontrolled hypertension, and acute stages of respiratory diseases.

During pregnancy or if you are undergoing chemo treatment, consult your doctor before participating in Halotherapy. IR sauna is not safe during pregnancy

By signing this form, I hereby release, discharge, indemnify, defend, protect and hold harmless Arden Salt Room & Sauna a halotherapy spa, and all its members, employees, officers, independent contractors, agents and affiliates (hereafter referred to as the "Released Parties") from any and all claims, liabilities, demands or injuries I may have against them relating to my participation (or my children's participation) in halotherapy/IR sauna therapy. I understand and agree that my (and my children's) safety is my own responsibility and that I should stop and seek assistance if the need arises. By signing this form you are certifying that you have not relied on the verbal representations of any individual when deciding to participate in halotherapy.

I fully understand the above disclaimer and use halotherapy at my own risk.

Client Name:	_ Date:	_/	_/
Signature:	_ Date:	_/	_/
How did you hear about us: Please circle			
 Search engine (Google, Yahoo, etc.) Social Media (Facebook, Instagram, etc.) Blog or publication Signage/Drove By Recommended by a friend or colleague 			
Referred By:			