

TheSaltBox Consent Form

Client's Name: _____ Date: _____

Date of Birth: _____ Industry working/ed in _____

Additional children: _____ Parent's Name if Client under Age 13: _____

Address:

Street

City

State

Zip

Phone: _____ Email: _____

Would you like to receive our newsletter and other information? Yes No
(We do not distribute or sell any of our customer information and you may unsubscribe at any time)

How did you hear about us? Please check one. Newspaper Online

Friend recommendation: _____ Magazine: _____

Current reason for Salt Spa use (check all that applies to you or your child):

- Eczema
- Psoriasis
- Sinus Issues
- Snoring
- Emphysema
- Asthma
- Detox
- Cold, flu, bronchitis, pneumonia recovery
- Immune System Support
- Cold, flu, bronchitis, pneumonia prevention
- General Respiratory Hygiene
- Offset influence of air pollution
- Optimize breathing for athletic endurance
- Offset influence of electronic pollution
- Optimize breathing for singing or playing wind instruments
- Smokers Cough
- Other: _____

Consent and Release for Salt Therapy Check any symptoms you are currently experiencing. By initialing, I confirm that I DO NOT have any of the following:

- Acute stage of internal or respiratory diseases
 - Cardiac Insufficiency
 - Spitting of blood
 - Uncontrolled High Blood Pressure
 - COPD in 3rd stage
 - Bleeding
 - Intoxication
- Initial Here _____

Release; Assumption of Risk; Consent to Participation Agreement

The Salt Box, LLC (the "Company"), reserves the right to alter or modify the terms and conditions from time to time. Your acknowledgment below constitutes your agreement to any and all terms changed, modified or altered. The information contained both herein and on our website is designed to disseminate general information. It is not intended to give medical or pharmacological advice and as such should not be relied upon as a substitute for professional medical advice.

Halotherapy ("Salt Therapy") is not recommended in the following cases: tuberculosis, fever, contagious conditions, severe heart disorders, or existence of cancer, advanced pregnancy, or acute state of respiratory attack. The use of Salt Therapy is not intended to substitute for medical care or treatment. Do not stop your medication without first consulting with your doctor. Salt Therapy does NOT substitute for any conventional medication. If you have any questions about Salt Therapy, check with your doctor before proceeding.

In consideration of being permitted to enter the premises and engaging any of the services offered by the Company (the "Activities"), I, the Client or the Parent or Guardian of the minor child listed below, agree to all the terms and conditions set forth in this agreement (the "Agreement").

I acknowledge and fully understand that engaging in the Activities involves a significant and inherent risk of loss, damage or injury, including but not limited to physical injury, damage to myself or my property. I acknowledge that I am voluntarily participating in the Activities with knowledge of the danger involved and hereby agree to accept and assume any and all risks of injury, death or property damage, whether caused by the negligence of the Company or otherwise. Furthermore, I acknowledge and understand that:

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1. My participation in the Activities is purely voluntarily and no promises, warranties or representations were made to me by the Company to induce me to participate;
2. I am fully responsible for myself and any of my children, guests and/or invitees;
3. The Company does not evaluate or diagnose my health and I have received medical clearance prior to engaging in the Activities;
4. I have been advised of the following possible side effects: Dry or itchy throat, nasal drip, and increased coughing at the beginning. This is a natural part of the cleaning process of the respiratory system, during which the pollution, accumulated through a long time, and now loosened up by the salt, are expelled from even the deepest regions of the lungs. Such side effects should cease with the removal of pollution and pathogens. Skin irritation and dermal sensitivity may occur. In such a case, decrease the frequency of sessions.
5. The Company has neither applied for nor received approval by the Food and Drug Administration or any other consumer protection group;
6. The use of the rooms at the Company has not been evaluated by the Food and Drug Administration or any other agency;
7. The use of Salt Therapy is not intended to treat, cure or prevent any illness or condition. All medical conditions should be treated by a physician competent in treating that particular condition. The Company assumes no responsibility for customers choosing to treat themselves; and
8. All products and services provided by the Company, including written information, labels, brochures and flyers as well as information provided orally or in any other medium of communication, have not been evaluated by the Food and Drug Administration and are not intended to diagnose, treat, cure or prevent any disease. For all your health concerns, please consult an appropriately licensed healthcare practitioner.

NOTE: DO NOT SIGN THIS FORM UNLESS YOU HAVE READ AND FEEL YOU UNDERSTAND IT. PLEASE ASK ANY QUESTIONS YOU HAVE BEFORE SIGNING THIS FORM. DO NOT SIGN THIS FORM IF YOU HAVE TAKEN MEDICATIONS WHICH MAY IMPAIR YOUR MENTAL ABILITIES OR IF YOU FEEL RUSHED OR UNDER PRESSURE. BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE COMPANY.

I AGREE THAT NEITHER THE COMPANY NOR ITS MEMBERS, MANAGERS, EMPLOYEES, AGENTS, SUPPLIERS, SUCCESSORS AND ASSIGNS SHALL BE LIABLE FOR ANY DAMAGE RESULTING FROM THE ACTIVITIES. THIS LIMIT OF LIABILITY COVERS CLAIMS BASED ON WARRANTY, CONTRACT, TORT, STRICT LIABILITY, AND ANY OTHER LEGAL THEORY. THIS PROTECTION COVERS THE COMPANY, ITS MEMBERS, EMPLOYEES, AGENTS, AND SUPPLIERS. THIS PROTECTION COVERS ALL LOSSES INCLUDING, WITHOUT LIMITATION, DIRECT OR INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL, EXEMPLARY, AND PUNITIVE DAMAGES, PERSONAL INJURY/WRONGFUL DEATH, LOST PROFITS, OR DAMAGES RESULTING FROM USE OF THE ACTIVITIES, THE SALT ROOMS OR THE COMPANY'S FACILITIES.

I HEREBY EXPRESSLY WAIVE AND RELEASE ANY AND ALL CLAIMS, NOW KNOWN OR HEREAFTER KNOWN IN ANY JURISDICTION AGAINST THE COMPANY, AND ITS MEMBERS, MANAGERS, EMPLOYEES, AGENTS, SUPPLIERS, SUCCESSORS AND ASSIGNS (COLLECTIVELY, "RELEASEES"), ON ACCOUNT OF INJURY, DEATH OR PROPERTY DAMAGE ARISING OUT OF OR ATTRIBUTABLE TO MY PARTICIPATION IN THE ACTIVITIES, WHETHER ARISING OUT OF THE NEGLIGENCE OF THE COMPANY OR ANY RELEASEES OR OTHERWISE. I COVENANT NOT TO MAKE OR BRING ANY SUCH CLAIM AGAINST THE COMPANY OR ANY OTHER RELEASEE, AND FOREVER RELEASE AND DISCHARGE THE COMPANY AND ALL OTHER RELEASEES FROM LIABILITY UNDER SUCH CLAIMS.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE COMPANY.

I certify that I have read the foregoing, discussed the issues noted above, had opportunities to ask questions, and agree to and accept all the terms above.

Client Name (print): _____ Date: _____

Signature: _____

(If signing for a child, please indicate your name and relationship to the client)

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing; I hereby do consent to the terms and conditions of this Release and Waiver of Liability.

Name: _____ Relationship: _____

Office use: Witness: _____ DATE: _____