



HC Salon Salt Room Release Form

Name: _____

Date: _____

I hereby release HC Salon & Day Spa LLC and employees from any responsibility and/or liability concerning the use of the salt room. I understand the health risks listed below are not recommended to salt room use:

- Infections associated with a fever
- Respiratory system cancers
- Tuberculosis
- Cardiac disease patients
- Acute respiratory disease
- Severe hypertension
- Chronic obstructive lung diseases

By signing this form, I assume all risk of injury and harm resulting from the treatment activity specified herein and I agree to release, defend, indemnify, and forever discharge the Salon from all liabilities, claims, damages, costs, and expenses, or any action due to loss, damage, injury, or death that might incur resulting from this treatment.

Signature of Client: _____

Date Signed: _____