



Hocking Hills Serenity Salt Cave

Guest Information Sheet/Disclaimer/Consent Form

Hocking Hills Serenity Salt Cave focuses on natural forms of wellness. Our Himalayan salt cave may provide relief from several respiratory and skin inflammatory ailments as well as relaxation from the stress of every-day life. To ensure that your experience is optimal, please provide the information below prior to your first salt cave session. The salt properties are anti-inflammatory, antibacterial, and antimicrobial, so just breathe and let the salt do the work!

You are worth taking care of! We are delighted you are here, welcome!

Client Name: _____ Male Female | Today's Date: ____/____/____

Date of Birth (mm/dd/yyyy): ____/____/____ ** Parent's Name (If Client under Age 18) _____

Best / Primary Phone Number: (____) ____-____ Is this a cell phone? YES NO

Primary Mailing Address:

Street Address / Unit / Apt # City State ZIP

Email Address (please write legibly): _____

Emergency Contact: Name & Phone Number: _____

How did you hear about us? Magazine/ Newspaper Facebook Instagram Internet Search Our Website

OTHER: _____

Would you like to receive promotional emails/texts? YES NO

Which appointment type are you here for today? (check all that apply): Salt Cave and / or Zen Den (Himalayan Salt Domes)

Have you experienced salt therapy before? YES NO • if 'yes,' How recently? _____ Where? _____

Have you had a fever in the last 24 hours? YES NO || Have you had a cough within the last 24 hours? YES NO

Are you currently suffering from a cold/flu/bronchitis? YES NO || Are you experiencing respiratory issues? YES NO

Are you a smoker? YES NO FORMER SMOKER

Current Reason for Salt Cave / Zen Den Visit? (check all that may apply): Eczema Psoriasis Emphysema

Prevention of Cold, Flu, Bronchitis, Pneumonia Recovery from Cold, Flu, Bronchitis, Pneumonia Snoring

Sinus Issues Immune System Support Optimize breathing for athletic activity Offset influence of air pollution

General Respiratory Hygiene Relaxation and Stress Relief

Other: _____

Information and Consent for Salt Therapy.

Hocking Hills Serenity Salt Cave has requested the information listed on this form for record keeping and liability purposes only. Medical history questions have not been asked for a specific reason. Salt Therapy is 100% safe and natural. We recommend consulting your physician in such event you develop any concerns.

By initialing below, I confirm that I **DO NOT** have any of the following: Acute Stage of respiratory diseases • Cardiac Insufficiency • Intoxication • COPD in 3rd stage • Bleeding • Uncontrolled High Blood Pressure • Hypertension in II B Stage • Spitting Blood

CLIENT INITIALS: _____

Please see following page(s) for additional information and to sign and date →



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Hocking Hills Serenity Salt Cave, LLC. provides an environment for natural and safe salt therapy. Halotherapy is a 100% natural, chemical and drug free treatment. It can be used as a complementary form of wellness. Although published studies do indicate that salt therapy has health/wellness benefits as an addition to more traditional forms of medicine or any medical treatment of any kind, only your personal physician or other appropriate health professional can best advise you on matters concerning your health. The research supporting the use of salt therapy was undertaken outside of the USA and has not been filed with the FDA for approval. If at any time during your salt cave session you become uncomfortable, you may step out of the room.

Salt therapy should be avoided during acute phase of any illness, including – but not limited to – the following: infections accompanied by fever, acute active Tuberculosis, cardiac insufficiency, COPD in the third stage, use of an oxygen tank to aid breathing, contagious ailments, bleeding, spitting up blood, unstable or uncontrolled hypertension, alcohol and drug intoxication. If you are pregnant or have any other concerns, you should consult with your physician prior to halotherapy.

For severe allergy, asthma or COPD, you may consider a gradual introduction into Salt Therapy. It is important to set your own pace. If at any time, you feel uncomfortable during your first session, you are welcome to step out and leave after 10-15 minutes and we will be happy to book you another appointment.

During salt therapy session, Hocking Hills Serenity Salt Cave, LLC. is using untreated 99.9% pure pharmaceutical grade salt. It is diffused into the air and inhaled by the client. The possible side effects are dry or itchy throat, nasal drip, and increased coughing due to the natural process of respiratory cleansing. On rare occasion, eye irritation. Drinking plenty of water is encouraged.

Himalayan Salt Domes are 100% Himalayan Salt and are heated with a 40-watt light bulb. Each dome has a dimmer and can be controlled by the client to adjust the heat setting to your tolerance and comfort level. It is recommended before putting your hands or feet on the domes that you perform a self-test to assess the heat setting by placing one finger or the back of your palm on the domes you are using prior to placing your hands and feet for your session. If at any time during your salt dome session you become uncomfortable, you may step out of the room.

Hocking Hills Serenity Salt Cave, LLC. is not responsible for lost, damaged or stolen personal belongings. It is recommended and you are encouraged to lock your belongings in your vehicle or not to bring them.

PLEASE WATCH YOUR STEP AS YOU ENTER AND EXIT THE CAVE

- The cave is specifically designed this way to accommodate a handicap space.
- Please be mindful of other guests in the cave by limiting smoking prior to, perfumes, colognes, body odor, remaining quiet, no cell phones or electronic devices permitted in the salt cave or Zen Den, guests must remain clothed in the cave. If there is disruption in the cave, please exit and alert the staff

PLEASE CONTINUE TO SIGN NEXT PAGE →



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Release; Assumption of Risk; Consent of Participation: Salt therapy and salt domes are not intended to diagnose, treat, cure, mitigate, or prevent any disease. I understand that it is my responsibility to consult my primary care physician or appropriate licensed health care practitioner for all my health concerns. I understand that no representations, claims or guarantees are being made as to any medical therapeutic benefit. I understand the potential benefits, risks, consequences of salt therapy and Himalayan salt dome use. I give my consent to participate in salt therapy and/or Himalayan salt domes entirely at my own risk. I am satisfied with and understand the information which has been provided, and I acknowledge that Hocking Hills Serenity Salt Cave, LLC., takes no responsibility for customer's choosing to treat themselves by means of salt therapy or Himalayan salt domes. Further, I understand that if I choose to take an electronic device into the salt room or Zen Den, Hocking Hills Serenity Salt Cave, LLC. cannot be held responsible for any damage that the salt or heat may cause to the electronic device.

(please print your name below)



For good and valuable consideration, the receipt of which is hereby acknowledged, I _____, hereby release, indemnify, defend, protect, and hold harmless Hocking Hills Serenity Salt Cave, LLC. and all its employees, independent contractors, shareholders, officers, members, agents, and affiliates (collectively, the Released Parties") from any and all actions, causes of action, liabilities, damages, and demands of any kind whether direct, indirect, special, exemplary, consequential, including interest thereon (the Claims) which may occur as a result of any injury including death sustained by myself or others resulting from the receipt of salt therapy as to all claims I may have against them relating to my participation in salt therapy. I knowingly, voluntarily, and expressively assume all risk of participation in salt therapy and agree not to bring any legal claim against any of the Released Parties based on such participation. It is recommended you view our website periodically for the latest terms and conditions.

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

Client Name (print): _____ **Date:** _____

Signature: _____

MINORS

I hereby certify that I am the adult/guardian of a minor under the age of 18 years old and I authorize them to receive salt therapy. I have read and understood the disclaimer above, and I release Hocking Hills Serenity Salt Cave, LLC from all claims and liability. If signing for a child, please indicate your name and relationship to the client.

Name: _____ **Relationship:** _____

» Hocking Hills Serenity Salt Cave Representative:

Signature: _____ **Date:** _____