

Massage **FIX**

SERIOUS. MASSAGE. THERAPY.

I _____ (print) attest that I am over 18 years old and do not have any of the following conditions. I also will refrain from using the sauna if I do have any of these conditions in the future.

- cardiovascular issues
- recent heart attack (last 12 months)
- kidney disease
- pregnancy
- low blood pressure
- dehydration
- alcohol consumption (last 12 hours)
- dizziness
- nausea

I understand that if I am late for my sauna session, time will not be added. I realize I must give 24 hours cancellation notice or I will be charged for the full missed sauna session.

_____ signature

_____ date

_____ witness