

PITTSBURGH FLOAT SPA

INFRARED SAUNA WAIVER & INFORMED CONSENT

Informed Consent, Assumption of Risk & Release of Liability

Please read this agreement carefully before using the infrared sauna.

Participant Name: _____ Date of Birth: _____
Phone: _____ Email: _____

VOLUNTARY PARTICIPATION

I voluntarily choose to participate in infrared sauna services at Pittsburgh Float Spa. I understand that sauna use involves exposure to elevated temperatures and may place temporary stress on the body.

HEALTH & SAFETY ACKNOWLEDGMENT

I understand that infrared sauna use may cause or contribute to:

- increased body temperature and sweating;
- dehydration or electrolyte loss;
- dizziness, lightheadedness or fainting;
- changes in blood pressure or heart rate;
- nausea, headache, weakness or fatigue;
- heat exhaustion or other heat-related illness;
- skin irritation or burns;
- slips, falls or other injury while entering, exiting or using the sauna, shower or surrounding area; and
- aggravation of an existing medical condition.

I understand that certain medical conditions, medications and circumstances may increase the risks associated with heat exposure. I agree that I should consult a qualified healthcare professional before using the sauna if I am pregnant or may be pregnant; have cardiovascular disease, uncontrolled high or low blood pressure, a history of fainting, seizures or heat intolerance; have an implanted medical device; have an acute illness or fever; have difficulty sweating; have recently undergone surgery or sustained an acute injury; take medications that may affect blood pressure, circulation, hydration, sweating or the body's response to heat; or have any other condition that may make heat exposure unsafe.

I understand that Pittsburgh Float Spa and its employees are not medical providers and do not diagnose medical conditions, determine whether sauna use is medically appropriate for me, or provide medical advice.

MY RESPONSIBILITIES

- I am choosing to use the infrared sauna voluntarily and am responsible for determining whether I am physically capable of participating.
- I will adequately hydrate before and after my session.
- I will not use the sauna while impaired by alcohol or recreational drugs.
- I will follow all posted instructions and instructions provided by Pittsburgh Float Spa staff.
- I will immediately end my session and exit the sauna if I experience dizziness, nausea, weakness, unusual shortness of breath, chest discomfort, confusion, excessive discomfort or any other concerning symptom.
- I understand that I may end my sauna session at any time for any reason.
- I will use reasonable care when entering and exiting the sauna, shower and surrounding areas, which may become wet or slippery.
- I will inform Pittsburgh Float Spa staff immediately if I believe I require assistance.

ASSUMPTION OF RISK

I understand that participation in infrared sauna services carries inherent and other risks, including risks that may not be foreseeable. I knowingly and voluntarily assume all risks associated with my use of Pittsburgh Float Spa's infrared sauna and related facilities, including the risks specifically described in this agreement.

RELEASE AND WAIVER OF LIABILITY

TO THE FULLEST EXTENT PERMITTED BY PENNSYLVANIA LAW, I EXPRESSLY RELEASE AND WAIVE CLAIMS AGAINST PITTSBURGH FLOAT SPA, ITS OWNERS, OFFICERS, EMPLOYEES, CONTRACTORS, AGENTS, LANDLORDS AND REPRESENTATIVES FOR PERSONAL INJURY, ILLNESS, PROPERTY DAMAGE OR OTHER LOSS ARISING FROM MY PARTICIPATION IN OR USE OF THE INFRARED SAUNA OR RELATED FACILITIES, INCLUDING CLAIMS CAUSED IN WHOLE OR IN PART BY THE ORDINARY NEGLIGENCE OF PITTSBURGH FLOAT SPA OR THE OTHER RELEASED PARTIES.

This release is intended to include claims involving ordinary negligence to the maximum extent permitted by law. It is not intended to release conduct that cannot legally be waived under Pennsylvania law.

EMERGENCY CARE

If I become ill or injured and am unable to communicate, I authorize Pittsburgh Float Spa personnel to contact emergency medical services when they reasonably believe such assistance is necessary. I understand that I am responsible for any medical expenses resulting from emergency care provided to me.

NO GUARANTEE OF RESULTS

I understand that sauna services are offered for wellness, relaxation and recovery purposes. Pittsburgh Float Spa makes no guarantee regarding any particular health, therapeutic or medical result. Sauna services are not intended to diagnose, treat, cure or prevent any disease or medical condition and are not a substitute for professional medical care.

ELECTRONIC SIGNATURE & CONTINUING CONSENT

I understand that this agreement may be signed electronically and that my electronic signature has the same effect as my handwritten signature. Unless Pittsburgh Float Spa requires a new waiver or my circumstances materially change, I understand that this agreement applies to my current and future infrared sauna sessions at Pittsburgh Float Spa. I agree to notify Pittsburgh Float Spa if a change in my health, medication or other circumstances may affect my ability to safely use the sauna.

ACKNOWLEDGMENT

I HAVE READ THIS AGREEMENT CAREFULLY. I UNDERSTAND THAT I AM ASSUMING RISKS AND RELEASING CERTAIN LEGAL RIGHTS, INCLUDING CERTAIN CLAIMS BASED ON THE ORDINARY NEGLIGENCE OF PITTSBURGH FLOAT SPA.

I have had the opportunity to ask questions before signing and voluntarily agree to these terms.

Participant Signature: _____ Date: _____

Printed Name: _____

FOR PARTICIPANTS UNDER 18

I am the parent or legal guardian of the participant named above. I consent to the participant's use of the infrared sauna and acknowledge that I have read and understand the health and safety information contained in this agreement.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Date: _____