



Serenity Salt Cave & Healing Center

CUSTOMER INFORMATION and WAIVER FORM

Name _____ Date of Birth _____

Phone _____ Email _____

Address: _____ City _____ Zip _____

Referred by (Name)/How you heard about Serenity _____

Primary reason for visiting Serenity Salt Cave & Healing Center: Physical Health _____ Stress _____

Emotional Balance _____ Interested in becoming more involved in your own self-care _____

Welcome to Serenity Salt Cave & Healing Center! We ask all our clients to acknowledge and agree to the following:

- No Electronics allowed in the Salt Cave
- No alcohol allowed in the Salt Cave
- No heavy perfumes or fragrances allowed in the Salt Cave
- The Salt Cave and waiting areas are a noise restricted QUIET ZONE. Please restrict phone usage to outside of Serenity Salt Cave
- Clean White Socks only or we provide socks for \$2 a pair.

Please note any medical conditions that should be a caution before Halotherapy in the Salt Cave

Kidney Disease _____ Chemotherapy _____ Hypothyroidism _____ Coronavirus _____

Salt therapy may temporarily cause some persons to experience a dry throat and increased coughing. These symptoms are an expected response to the therapy, in which excess mucous may be present and nasal drainage also present.

WAIVER and RELEASE of LIABILITY

On behalf of myself and all persons claiming through me, I hereby release, waive and discharge Serenity Salt Cave & Healing Center LLC, it's members, it's employees and its agents from all liability for all loss, damage or claims I may have in any manner arising out of or in connection with my use of the facilities of Serenity Salt Cave & Healing Center LLC. I have read and fully understand this Waiver and Release of Liability and acknowledge that it is a material condition to my use of Serenity Salt Cave & Healing Center LLC's facility. I am signing this agreement and waiver voluntarily and recognize that my signature serves as complete and unconditional release of all liability in connection with the use of the facilities, whether such loss or damage is direct, indirect and /or consequential, to the greatest extent allowed by law in the State of Georgia. This document, signed once, and the agreements made herein, and the foregoing waiver and release of liability shall apply to each and every use, now and hereafter, I make of the facilities of Serenity Salt Cave & Healing Center LLC.

I have read through the entire agreement and consent to its content.

I have read and understand the guidelines set by State of Georgia for COVID-19 precautions.

Signature _____ Date _____