



## MULTI SALT BOOTH INTAKE & PARTICIPANT AGREEMENT

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Reasons/Goals for Visit \_\_\_\_\_

**In consideration for being allowed to use Massanutten's Multi Salt Booth, I agree to abide by all of the rules and conditions contained in this Participant Agreement. I also agree to answer the questions below truthfully to the best of my ability.**

1. Have you ever used a salt booth/halotherapy before? YES NO
  2. Are you pregnant? YES NO
  3. Are you taking any medications? YES NO
  4. Have you been diagnosed with any other medical condition? YES NO
- If yes, please explain your condition:

\_\_\_\_\_  
\_\_\_\_\_

### Do any of the following conditions apply to you?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Allergies        | <input type="checkbox"/> Ear Infection        | <input type="checkbox"/> Sinusitis           |
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> Increase Endurance   | <input type="checkbox"/> Sleep apnea/Snoring |
| <input type="checkbox"/> Bronchitis       | <input type="checkbox"/> Eczema               | <input type="checkbox"/> Smokers Cough       |
| <input type="checkbox"/> Cold & Flu       | <input type="checkbox"/> Emphysema            | <input type="checkbox"/> Stress              |
| <input type="checkbox"/> Cystic Fibrosis  | <input type="checkbox"/> Hay Fever            | <input type="checkbox"/> Detox               |
| <input type="checkbox"/> COPD             | <input type="checkbox"/> Athletic Performance | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> General Wellness | <input type="checkbox"/> Rhinitis             |  |
| <input type="checkbox"/> Dermatitis       | <input type="checkbox"/> Psoriasis            |  |

### TERMS OF USE & RESTRICTIONS

**1. NOTICE AND ASSUMPTION OF RISK:** I understand and agree that using the salt booth is a voluntary recreational activity. I understand and am aware that there are certain risks and hazards that may be involved in using the salt booth. I understand that using the salt booth could result in serious injury or death. I am aware of these risks. **I voluntarily assume these risks and voluntarily assume the risks of all injuries or death that relate to my use of the salt booth.**

**2. WARNING:** Under Virginia law (Section 55-376.4), there is no liability for an injury to or death of a participant in a project activity conducted at this location if such injury or death results from the inherent risks of the project activity. Inherent risks of project activities include, among others, risks of injury inherent to land, equipment, and animals, as well as the potential for you to act in a negligent manner that may contribute to your injury or death. **You are assuming the risk of participating in this project activity.**

**3. MEDICAL CONDITION/CONCERNS:** I understand that it is my responsibility to determine whether I am sufficiently healthy to participate safely in the salt booth. I certify that I am in good health and do not have any physical or mental conditions that may affect my ability to safely participate in the salt booth. I agree that I will not participate in the salt booth if I have any questions or concerns regarding my ability to safely participate in the salt booth. I will only participate in the salt booth if I am confident of my ability to do so safely. **Participants should consult with their doctor prior to participating in the salt booth.**

**4. THE SALT BOOTH/HALOTHERAPY IS NOT RECOMMENDED FOR THE FOLLOWING CASES:** Individuals with Tuberculosis, Fever, Contagious conditions, Severe heart disorders, Existence of cancer, Advanced pregnancy, or Acute state of respiratory attack.

Salt Booth sessions should be limited to no more than 10 minutes and are to remain on the lowest setting due to high concentration. No one under the age of 18 years of age is permitted to use the salt booth. **I agree that if I have any questions regarding the use of the salt booth, I will ask for instruction or assistance prior to using the salt booth.**

**RELEASE OF CLAIMS:** In consideration for being permitted to use the salt booth and Massanutten's facilities, I agree to release Great Eastern Resort Management, Inc. d/b/a Massanutten Resort, its parents, subsidiaries, affiliates, officers, directors, employees, and agents (collectively "Released Parties") from any and all claims, lawsuits, actions, losses, damages, requests for medical expenses, fines and judgments (collectively "Claims") that relate or pertain in any way to use of the salt booth. This includes any and all Claims for property damage, personal injury and death.

**5. INDEMNIFICATION:** In consideration of being permitted to use the salt booth and Massanutten's facilities, I agree to indemnify, hold harmless and defend the Released Parties from any Claims, liabilities, losses, costs and expenses that relate or pertain to use of the salt booth. I do so regardless of whether the Released Parties were negligent.

**6. DISPUTES:** This Agreement is governed by the laws of the Commonwealth of Virginia. I agree that any dispute arising under this Agreement or relating to the use of the salt booth shall be submitted to mediation prior to filing a lawsuit. Only after mediation has been conducted may a lawsuit then be filed. Any such lawsuit shall be filed in the U.S. District Court for the Western District of Virginia or the Circuit Court of Rockingham County, Virginia.

**7. ACCEPTANCE OF TERMS:** I certify that I have read this Agreement and fully understand and agree to its terms. I agree that if I do not accept **ALL** of the terms of this Agreement, then I will not use the Sauna. Further, I understand that if I do not voluntarily accept all of the terms of this Agreement, I may receive a full refund of any fees paid to use the salt booth.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT.  
I ACCEPT AND AGREE TO ITS TERMS VOLUNTARILY.**

I AM THE PARTICIPANT AND REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE.

Signature of Adult Participant \_\_\_\_\_ Date \_\_\_\_\_

