

Acknowledgement

I, _____ hereby releases BLUEZ Health from any liability for damages from illness, injury, and/or death that arises out of, or is connected with or in any manner relates to, client's use of the Sauna/ Facilities and services provided at or by BLUEZ Health.

Client represents that:

1. I am 18 years of age or older.
2. I am submitting this release, waiver of liability, and assumption of risk declaration voluntarily and of my own free will.
3. I have no physical or emotional problems, nor any history thereof, which will impair my ability to utilize the Sauna/Facilities and its services in a safe manner.
4. I understand and agree that it is my responsibility to assess the hazards presented by my use of the Sauna/Facilities and services of the Suana/Facilities, and further agree that I am the ultimate judge as to whether I can use the Sauna/Facilities and services without risk of harm to myself.
5. I understand and EXPRESSLY ASSUME all the dangers incident to using the Sauna/Facilities and their services, and hereby RELEASE ALL CLAIMS, including but not limited to, personal injury, property damage or destruction, and death, whether caused by NEGLIGENCE, breach of contract or otherwise, and whether for bodily injury, property damage or loss otherwise, which I may ever have against BLUEZ Health.
6. My use of the Facilities is entirely optional and my own free choice. My use of the Facilities is in no way a requirement of BLUEZ Health.

Signature: _____ Date: _____

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