

Cold Plunge and Sauna Use Waiver

Facility Name: Next Level Performance

Address: 32 Carlin St Unit b SI,NY 10309

Phone:347-342-6060

Email: NEXTLEVELPERFORMANCE2@GMAIL.COM

Participant Information

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Acknowledgment of Risks

I, the undersigned, acknowledge and agree to the following:

1. **Health Risks:** I am aware that using a cold plunge and sauna involves inherent risks, including but not limited to, potential health issues such as cardiovascular problems, respiratory issues, dehydration, or other complications. I understand that it is my responsibility to consult with a healthcare provider prior to using these facilities, especially if I have any pre-existing medical conditions or concerns.
2. **Voluntary Participation:** I voluntarily choose to use the cold plunge and sauna facilities at [Your Fitness Facility Name]. I understand that the use of these facilities is at my own risk, and I assume full responsibility for any adverse effects that may result from their use.
3. **Health Conditions:** I confirm that I do not have any medical conditions or symptoms that would make the use of the cold plunge or sauna inadvisable, including but not limited to, heart disease, high blood pressure, respiratory problems, or any condition that may be aggravated by extreme temperatures or sudden temperature changes.
4. **Facility Guidelines:** I agree to follow all posted guidelines and instructions for the use of the cold plunge and sauna. I understand that failure to comply with these guidelines may result in injury or harm and may lead to suspension or termination of my use of the facilities.
5. **Liability Release:** I release, waive, discharge, and hold harmless [Your Fitness Facility Name], its owners, employees, agents, and affiliates from any and all claims, liabilities, damages, and expenses, including but not limited to, personal injury or property damage, arising out of or related to my use of the cold plunge and sauna facilities.
6. **Emergency Contact:** In case of an emergency, I authorize [Your Fitness Facility Name] to seek medical attention on my behalf. I understand that I will be responsible for any costs associated with such medical care.

7. **Indemnification:** I agree to indemnify and hold harmless [Your Fitness Facility Name] from any claims, actions, damages, or losses arising out of my use of the cold plunge and sauna facilities.

Acknowledgment and Agreement

By signing this waiver, I acknowledge that I have read and understood all the terms and conditions stated herein. I agree to comply with all facility rules and guidelines and accept full responsibility for my health and safety while using the cold plunge and sauna.

Signature: _____

Printed Name: _____

Date: _____

For Facility Use Only

Staff Member Name: _____

Date of Waiver Completion: _____

Staff Signature: _____