

2. I represent that no medical practitioner has advised me to refrain from using a sauna or cold-plunge pool for any reason, nor have I been diagnosed with any health condition making participation in the Activities inadvisable, including but not limited to, any cardiac or pulmonary disease, high blood pressure, heart arrhythmia, heart failure, diabetes, angina, vascular disease, Raynaud's.
3. To waive the right to sue the Releasees for any loss, injury, costs or damages of any form or type, howsoever caused or arising, whether directly or indirectly, from my participation in the Activities. To indemnify and hold harmless the releasees, from any expense, legal fees, liability, damages, award, or cost, of any form or type whatsoever, they may incur as a result of my participation, or my presence in any capacity at, the Activities.
4. I further acknowledge and agree that I have read, understand, and will always abide by all Nomadic Sauna rules and standards, any separate rules or procedures required, safety rules, whether communicated in writing, posted on the premises and/or communicated verbally.
5. I further acknowledge and agree that this Release Agreement binds not only me but also my executors, administrators, assignees, and heirs.
6. I further acknowledge and agree that this Agreement shall be construed and enforced in accordance with the laws of the Province of British Columbia, and I consent to the jurisdiction of the British Columbia Supreme Court. If any portion of this Release Agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I HAVE READ AND UNDERSTAND FULLY THIS RELEASE AGREEMENT, I AM AWARE THAT BY SIGNING THIS AGREEMENT, I AM WAIVING CERTAIN LEGAL RIGHTS, WHICH I AND MY HEIRS, ASSIGNS AND EXECUTORS, AND NEXT OF KIN MAY HAVE AGAINST THE RELEASEES.

I AM SIGNING THIS AGREEMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND FOR IT TO BE COMPLETE AND UNCONDITIONAL.

Dated this _____ day of _____, 20____.

Participant

Signature:

Name:

Address:

Phone number:

Witness

Signature:

Name:

Address:

Phone number:

If Participant is a Minor (under age 19)

Parent or Legal Guardian: I represent and warrant that I am the parent or legal guardian of the minor child named above, that I have the legal right to consent to and, by signing below, I consent to their participation in the Activities, and to the terms and conditions set out in this Release Agreement. I further acknowledge and agree that I must accompany the minor at all times when participating in the Activities.

Signature:

Name:

Address:

Phone number: