SERVICE AGREEMENT AND LIABILITY WAIVER

Client Name: _____ Date of Birth: _____

Address: _____

Email: _____ Phone: _____

Emergency Contact Information

Name: _____

Relationship: _____ Phone: _____

Known Limitations/Injuries: _____

Client hereby agrees to the following:

1. I am participating in use of an infrared sauna (the "Activities") owned and operated by Living Simply Well, LLC and its agents or employees ("Practitioner").

2. I recognize that I must be in adequate physical and mental health to participate in the Activities. I represent and warrant that I have no medical condition which would prevent my participation in the Activities. I recognize that the Activities may cause potential negative side effects including, but not limited to: heat discomfort or intolerance, low blood pressure, light-headedness, leg pain, airway irritation, claustrophobia, burns, fainting, falls, dehydration, and heat exhaustion or heat stroke. I understand that it is my responsibility to consult with a physician before my participation in the Activities, especially if I have any pre-existing medical conditions or am pregnant. I understand that Living Simply Well, LLC reserves the right to refuse my participation in any Activity on medical, fitness or any other grounds. I agree to immediately inform Practitioner of any pain or discomfort I may feel while participating in the Activities.

3. In consideration of being permitted to participate in the Activities, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the Activities, including those which may result from the negligence of Living Simply Well, LLC.

4. I knowingly, voluntarily and expressly waive any "Claim" (as defined below) I may have against Living Simply Well, LLC, and its employees and agents (each, a "Released Party") that I may sustain as a result of participating in the Activities even if the Claim arises from the negligence of any Released Party or anyone else. I agree to indemnify and hold harmless each Released Party from any loss, cost, or liability incurred in defending any Claim made by me or anyone making a Claim on my behalf, even if the Claim is alleged to or did result from the negligence of any Released Party or anyone else. "Claim" includes but is not limited to any and all liabilities, claims, demands, expenses, fees, legal actions, rights of actions for damages, personal injury, mental suffering and distress, or death that I may suffer, my spouse, children or unborn child may suffer (including any legal fees or expenses) in connection with participation in any Activity.

5. I forever release, waive, discharge and covenant not to sue any Released Party for any Claim caused by any negligence or other acts of a Released Party.

6. This agreement shall be construed in accordance with, and governed by, the laws of the State of Wisconsin and that all actions, suits, claims and proceedings relating to this agreement shall be brought in a court of competent jurisdiction located in La Crosse County. In case any provision of this agreement shall be held invalid, illegal or unenforceable, it shall not affect any other provision of this agreement and this agreement shall be construed as if such provision had never been contained herein.

7. This agreement shall be binding upon and inure to the benefit of the parties hereto, their heirs, successors, assignees, and beneficiaries in interest.

By signing below, I agree that I have read and understood all the terms of this release and that I am voluntarily giving up substantial legal rights, including the right to sue Living Simply Well, LLC.

Client's Printed Name	**Client Signature**	**Date of Signature**