



Liability Waiver

Spa Fitness Equipment and Heat Sauna Liability Waiver

I, _____, acknowledge that I will be engaging in unsupervised activities at Ambiance Spa and Wellness, which may lead to personal injury. I agree to assume all responsibility for any personal injury that may occur. I hereby authorize the staff to act on my behalf, if I am unable to do so, to the best of their ability in an emergency requiring medical attention. I assume personal responsibility for any damages that may result from an injury. I furthermore agree not to hold Ambiance Spa and Wellness responsible for any injury that might occur during my participation in all activities associated with fitness performed in the facility.

Please be informed that all Weight Reduction treatments must be completed entirely before any enhancement treatments can be performed.

Client Signature: _____

Date: _____

Staff Initials: _____