

# CONTACT INFORMATION AND DISCLAIMER/RELEASE FORM



Salt therapy is 100% natural, safe and drug-free providing effective long-term relief. It can be used as a complementary treatment with prescribed medications or as a sole treatment. When Salt Therapy is used as a complementary treatment, it can increase the effectiveness of prescribed medications and decrease the amount of prescribed. Clinical studies published in the New England Journal of Medicine (2006) noted: "Inhalation of hypertonic saline produces a sustained acceleration of mucus clearance and improved lung function. This treatment may protect the lung from insults that reduces mucus clearance and reduces lung disease". Although published studies do indicate that Salt Therapy has health benefits as an addition to more traditional forms of medicine, The Salt Grotto does not claim to be a replacement for medication or any medical treatment of any kind. Only your personal physician or Healthcare professional can best advise you on matters of your health.

Salt Therapy should be avoided during the acute phase of any illness including the following: infections accompanied by fever, acute active tuberculosis, cardiac insufficiency, COPD in the third stage, bleeding, spitting of blood, contagious ailments, use of an oxygen tank to aid breathing, alcohol or drug intoxication, unstable or uncontrolled hypertension, and a cute stages of respiratory diseases.

I, as client of The Salt Grotto, hereby release The Salt Grotto and its directors, officers, employees, agent and professional staff from all actions, cause of actions, suits, claims, liability, damages and demands of any kind, whether direct, indirect, special exemplary or consequential, including interest there in of The Salt Grotto which may occur as a result of any injury, including death, sustained by myself or others resulting from the receipt of Salt Therapy.

I fully understand the above disclaimer and use The Salt Grotto at my own risk.

DATE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

CHILD'S NAME(S) AND DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MOBILE PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

Referred by/How did you hear about us? \_\_\_\_\_