

Sauna Consent Form



Name Date / Time of booking.....

Contact number Email Address

I can confirm I have checked with all to see if anyone has:

Heart / kidney / lung disease or Suffers with problems with their lungs YES / NO

Any illnesses YES/NO

Pregnant YES/NO

Low or High blood pressure YES/NO

Any problems with extreme heat YES/NO

Any skin allergies YES / NO Any food allergies YES / NO

All participants are over 11 YES/NO

Open wounds or has had Sickness / Diahorrea YES / NO

If any have one of these conditions, please give further details below.

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I have been advised all parties to bring towel, suitable wear and Slippers/flipflops YES / NO

I have been advised party to not wear jewellery and have their hair tied up YES / NO

I (Your Name)..... can confirm I have checked with all participants that they are happy to take part with the sauna. I can confirm that all were happy with the information I have given them about the sauna and what is involved and they are happy for me to sign on their behalf to give permission to take part. I can confirm that I have advised if they are not happy for me to give their permission on their behalf, I have told them they must come to the party in person to sign the consent form in order to participate. I can confirm I have checked with all participants the above info and advised Little Diva Parties at least 48 hours prior of any concerns/ conditions / allergies etc. I take full responsibility for all participants and/or my children for using the sauna and it is my choice that my child shall use the sauna, I have been fully informed by the possible dangers to children using a sauna. ****By signing this consent form you are confirming that all the information you have given us is to be true and factual. ***

SIGN..... DATE SIGNED