

BODI BAR

F I T N E S S & W E L L N E S S

Liability Waiver and Release of Claims

Gym, Pilates studio, Sauna, and Cold Plunge, Tanning bed, Red light therapy bed

Location: 1113 Stillwater Ave, Bangor, ME 04401

Phone: 207-949-0366

Email: Bodi Bar 207

PARTICIPANT INFORMATION

Full Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

Phone Number: _____

Email: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

ACKNOWLEDGMENT OF RISKS AND WAIVER OF LIABILITY FOR GYM:

I, the undersigned, understand that participation in any physical activity at **Bodi Bar Fitness and Wellness**, including but not limited to personal training, group classes, use of gym equipment, cardio and strength training, massage therapy, and wellness services, involves **inherent risks** including but not limited to muscle strain, injury, heart attack, paralysis, or even death.

I **freely assume all risks**, both known and unknown, and take full responsibility for my participation in any activities, programs, or use of equipment at Bodi Bar Fitness and Wellness.

I affirm that I am in good physical condition and do not suffer from any disability or condition that would prevent or limit my participation in the physical activities offered. I agree to consult with a physician before beginning any fitness program if I have health concerns.

BODI BAR

F I T N E S S & W E L L N E S S

ACKNOWLEDGMENT OF RISKS AND WAIVER OF LIABILITY FOR SAUNA/COLD PLUNGE:

I understand that participation in **Sauna** and **Cold plunge therapy** involves **exposure to extreme temperatures**, which may place stress on the cardiovascular and respiratory systems, and may not be suitable for all individuals. I acknowledge the following possible **risks and side effects**:

- dizziness, lightheadedness, or fainting
- dehydration or electrolyte imbalance
- elevated or decreased heart rate and blood pressure
- risk of thermal injury (burns or frostbite)
- worsening of pre-existing health conditions
- risk of falls due to slippery surfaces

I certify that I am in good physical condition and do not suffer from any medical condition that would make sauna or cold plunge exposure unsafe. I acknowledge that individuals with heart disease, high/low blood pressure, circulatory issues, pregnancy, epilepsy, or cold hypersensitivity should consult a physician before use.

ACKNOWLEDGMENT OF RISKS AND WAIVER OF LIABILITY FOR TANNING?RED LIGHT THERAPY:

Initial the boxes below to confirm I understand the risks associated with the use of **Tanning beds** and **Red Light Therapy**, including but not limited to:

- ☐ Skin Burns, irritation, dehydration, rashes, or premature aging
- ☐ Eye damage (even with closed eyes unless protected)
- ☐ Photosensitivity reactions
- ☐ potential increased risk of skin cancer (related to tanning beds)
- ☐ Interaction with certain medications
- ☐ equipment malfunction

Required confirmations:

- ☐ I have **read and understood** the posted **ultraviolet radiation warning** regarding tanning bed use.
- ☐ I have been provided and have **reviewed the “sunlight and skin) information sheet** which includes a list of **photosensitizing medications**

BODI BAR

F I T N E S S & W E L L N E S S

and medical conditions. I understand it is my responsibility to consult a physician about any concerns

RELEASE OF LIABILITY

In consideration for being allowed to participate in activities at Bodi Bar Fitness and Wellness, I hereby **waive, release, and discharge** Bodi Bar Fitness and Wellness, its owners, directors, employees, independent contractors, representatives, and agents from any and all **claims, demands, or causes of action** for any **injury, death, loss, or damage** to person or property that may occur as a result of participation or use of the facilities and services.

This release includes claims resulting from the **negligence** of Bodi Bar Fitness and Wellness or anyone acting on its behalf, except for acts of gross negligence or intentional misconduct.

I hereby discharge Bodi Bar Fitness and Wellness, its owners, employees, contractors, and representatives from any and all liability

GYM RULES & POLICIES ACKNOWLEDGMENT

I acknowledge that I have read, understood, and agreed to abide by the **rules and policies** of Bodi Bar Fitness and Wellness, which are posted at the facility and may be updated from time to time. Failure to follow these rules may result in suspension or termination of my membership.

SAUNA AND COLD PLUNGE RULES

- **Must be 18 years or older** to use sauna or cold plunge (or under approved supervision)
- **Shower before and after** use.
- **Maximum sauna session:** 15-20 minus; **Maximum cold plunge session:** 1-5 minutes (or as advised)
- **Do not use** while under the influence of drugs, alcohol, medications affecting temperature regulation.
- **Exit immediately** if you feel lightheaded, dizzy, or unwell.
- **Hydrate well** before and after use.
- Use at your **own risk**—monitor your own tolerance to temperature and duration.

BODI BAR

F I T N E S S & W E L L N E S S

- **No glass, food, or electronics** in or near sauna or cold plunge areas.
- **Children are not permitted** unless pre-approved and supervised.

TANNING/RED LIGHT THERAPY RULES AND SAFETY POLICIES

- **Must be 18 years or older** to use devices unless otherwise approved in writing.
- **Protective eyewear is mandatory.**
- Do not exceed posted or recommended time limits.
- Do not use tanning beds more than once in a 24-hour period.
- Notify staff of any discomfort or reaction.
- **Pregnant individuals or those on photosensitizing medications** should not use these services.
- Follow all posted and verbal instructions.

MINORS

If participant is under 18 years of age:

This waiver must be signed by a **parent or legal guardian**.

Individuals under the age of 18 are not eligible to participate in Bodi Bar's UVA/UVB tanning bed.

PHOTO & VIDEO RELEASE (OPTIONAL)

- ☐ I consent to the use of my image, likeness, or voice in photos, videos, or other marketing materials for promotional purposes by Bodi Bar Fitness and Wellness.
- ☐ I do NOT consent.

SIGNATURE

I have read this waiver and fully understand its terms. I understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing this agreement freely and voluntarily.

Participant Signature: _____

Date: ____ / ____ / ____

Parent/Guardian Signature (if under 18): _____

Printed Name: _____