



PARENTAL CONSENT FORM

I, _____ the parent/legal guardian of _____

hereby authorize any and all therapy services provided by Refresh Salt Room, LLC.

Although published studies do indicate that Dry Salt Aerosol (Halotherapy) Care appears to have health benefits as an addition to more traditional forms of medicine, Refresh Salt Room, LLC does not claim to be a replacement for medication or any medical treatment of any kind. Only your personal physician or other health professional can best advise you on matters of your health. The research supporting the use of Dry Salt Aerosol (Halotherapy) Care was undertaken outside of the USA and hasn't been filed with the FDA for approval.

This product is not intended to diagnose, treat, cure, or prevent any disease.

Dry Salt Aerosol (Halotherapy) Care **should be avoided during the acute phase of any illness**, including but not limited to the following: infections accompanied by fever, acute active tuberculosis, cardiac insufficiency, COPD in the third stage, bleeding, spitting of blood, contagious ailments, have use of an oxygen tank to aid breathing, alcohol or drug intoxication, unstable or uncontrolled hypertension, and acute stages of respiratory diseases.

I fully understand the above disclaimer and use the Dry Salt Aerosol (Halotherapy) Care at my own risk.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____