GENERAL & MEDICAL INFORMATION

CHECK WITH A DOCTOR BEFORE USING OUR FACILITY IF PREGNANT, DIABETIC, HAVE HEALTH ISSUES / CONCERNS OR UNDER MEDICAL CARE. THIS INCLUDES HISTORY OF DIZZINESS OR FAINTING. THIS ALSO INCLUDES ANY METAL PINS, RODS, ARTIFICIAL JOINTS OR ANY SURGICAL IMPLANTS INCLUDING SILICON. BY SIGNING OUR WAIVER YOU UNDERSTAND THE RISKS AND HAVE CONSULTED WITH A MEDICAL PROFESSIONAL. YOU UNDERSTAND AND TAKE FULL RESPONSIBILITY FOR YOUR OWN HEALTH AND WELL-BEING.
CAMP DOOR COUNTY. REQUIRES ANY GUEST WHO HAS ANY HEALTH, MOBILITY OR ANY OTHER CONDITION WHICH REQUIRES THE ASSISTANCE OF ANOTHER PERSON, REGARDLESS OF AGE, TO BE ACCOMPANIED BY ANOTHER ADULT GUEST AT ALL TIMES.
ANYONE ENTERING THE SAUNA ASSUMES FULL RESPONSIBILITY OF THEIR MEDICAL / HEALTH CONDITION, TO INCLUDE BUT NOT LIMITED TO, ANY MEDICATIONS THE GUEST MAY BE TAKING WHICH COULD RESULT IN A MEDICAL EMERGENCY OR UNSAFE CONDITION. ALL GUESTS MUST KNOW THEIR OWN LIMITATIONS AND ASSUMES ALL RISKS ASSOCIATED WITH ANY ACTIVITIES IN WHICH THEY MAY ENGAGE IN AT CAMP DOOR COUNTY.
IT IS ADVISED TO DRINK PLENTY OF WATER BEFORE AND AFTER YOUR SAUNA AND STEAM SESSIONS, IT IS ADVISED NOT TO EAT AT LEAST ONE TO TWO HOURS PRIOR TO YOUR SAUNA AND STEAM SESSIONS TO AVOID ANY ILL FEELINGS.

REDUCE THE RISK OF OVERHEATING AND SCALDING

OUR SAUNAS RANGE IN TEMPERATURE PROLONGED EXPOSURE TO THE SAUNA MAY CAUSE YOUR BODY TO OVERHEAT. LIMIT YOURSELF TO A MAXIMUM OF TEN (10) MINUTES. EVERYONE IS DIFFERENT AND YOU NEED TO KNOW WHAT YOUR BODY CAN HANDLE FOR TEMPERATURE. OVEREXPOSURE TO HIGH TEMPERATURES AND HUMIDITY CAN BE DANGEROUS TO YOUR HEALTH. EXIT IMMEDIATELY IF NAUSEOUS, UNCOMFORTABLE, DIZZY OR SLEEPY.
DO NOT USE THE FACILITY IF YOU HAVE RECENTLY CONSUMED ALCOHOL, DRUGS OR MEDICATIONS. USE AT YOUR OWN RISK.
BE AWARE THAT DIRECT CONTACT WITH SAUNA ROCKS OR SAUNA HEATERS MAY CAUSE SERIOUS INJURY. ANY METAL IN THE SAUNA WILL RETAIN HEAT AND THEREFORE IS NOT SUGGESTED TO BRING INTO THE HEATED ROOMS OR USE DURING YOUR SAUNA SESSIONS.

REDUCE THE RISK OF SLIPPING AND FALLING

USE CARE WHEN ENTERING OR EXITING THE SAUNA.
FLOORS MAY BE SLIPPERY AND DANGEROUS DUE TO MOISTURE. USE OF PROPER FOOTWEAR IS RECOMMENDED AT ALL TIMES.
THERE IS NO RUNNING IN OUR FACILITY. PLEASE WATCH WHERE YOU ARE GOING.
BENCHES IN THE FACILITY ARE THERE FOR YOUR CONVENIENCE. PLEASE USE CAUTION WHEN CLIMBING OR WALKING ON THE BENCHES. DO SO AT YOUR OWN RISK.

ALLERGIES

PREVIOUS GUESTS IN THE SAUNA ROOM MAY HAVE USED VARIOUS ESSENTIAL OILS AND SALTS. PLEASE USE AT YOUR OWN RISK. LEAVE THE ROOM IMMEDIATELY IF YOU HAVE ANY ADVERSE OR ALLERGIC REACTION, INCLUDING DIFFICULTY BREATHING OR EYE, NASAL OR THROAT IRRITATION.

UNDERSTANDING THE RISKS

I UNDERSTAND THAT THE SAUNA ARE PROVIDED FOR THE BASIC PURPOSE OF RELAXATION AND RELIEF OF MUSCULAR TENSION. IF I EXPERIENCE ANY PAIN OR DISCOMFORT DURING THE SESSION, I WILL IMMEDIATELY EXIT THE SAUNA .

I ACKNOWLEDGE AND ACCEPT THE RISKS INHERENT IN THE USE OF THE SAUNAS . I VOLUNTARILY ASSUME THE RISK OF INJURY, ACCIDENT OR DEATH, WHICH MAY ARISE FROM THE USE OF OUR FACILITY. I HEREBY WAIVE AND RELEASE CAMP DOOR COUNTY. FROM ANY AND ALL LIABILITY, PAST, PRESENT AND FUTURE RELATING TO SAUNA SESSIONS.

I AGREE THAT THIS WAIVER IS IN EFFECT FOR ALL SAUNA SESSIONS AND WILL NOT EXPIRE UNLESS REQUESTED IN WRITING BY EITHER PARTY (THE GUEST OR CAMP DOOR COUNTY.).

I FURTHER UNDERSTAND THAT STAFF WORKING AT CAMP DOOR COUNTY. SHOULD NOT BE CONSTRUED AS A SUBSTITUTE FOR MEDICAL EXAMINATION, DIAGNOSIS, OR TREATMENT. I UNDERSTAND THAT THE STAFF WORKING AT CAMP DOOR COUNTY. ARE NOT DIAGNOSING, PRESCRIBING, OR TREATING ANY PHYSICAL OR MENTAL ILLNESS, AND THAT NOTHING SAID IN THE COURSE OF THE SESSION GIVEN SHOULD BE CONSTRUED AS SUCH.

THIS IS AN ADULT ONLY FACILITY. YOU MUST BE OVER THE AGE OF 18 TO USE OUR FACILITY. BY SIGNING THIS FORM YOU CONSENT THAT YOU ARE OVER THE AGE OF 18.

PHONES OR ELECTRONICS DON’T LIKE HEAT. IF YOU CHOOSE TO USE ANY ELECTRONICS OR TECHNOLOGY DURING YOUR SAUNA SESSIONS DO SO AT YOUR OWN RISK. CAMP DOOR COUNTY IS NOT LIABLE FOR THESE.

I GRANT CAMP DOOR COUNTY., ITS REPRESENTATIVES AND EMPLOYEES THE RIGHT TO TAKE PHOTOGRAPHS OF ME AND MY PROPERTY. I AUTHORIZE CAMP DOOR COUNTY., ITS ASSIGNS AND TRANSFEREES TO COPYRIGHT, USE AND PUBLISH THE SAME IN PRINT AND OR ELECTRONICALLY FOR SUCH PURPOSES AS PUBLICITY, ILLUSTRATION, ADVERTISING, AND WEB CONTENT.

I UNDERSTAND THAT CAMP DOOR COUNTY. HAS PROVIDED AN AREA FOR PERSONAL BELONGINGS TO BE STORED BETWEEN SAUNA SESSIONS, HOWEVER, I AGREE THAT CAMP DOOR COUNTY. IS IN NO WAY RESPONSIBLE FOR THE LOSS OR DAMAGE OF MY BELONGINGS WHILE I PARTAKE IN SAUNA.

SMOKING AND E-CIGARETTES OF ANY KIND ARE NOT PERMITTED IN OUR FACILITY. NO GLASS CONTAINERS OR BOTTLES ARE PERMITTED AT ANY TIME IN OUR SAUNAS .

OUR FACILITY IS UNISEX. THAT MEANS CLOTHING MUST BE WORN AT ALL TIMES. NUDITY IS NOT PERMITTED. WE RECOMMEND A BATHING SUIT. THIS IS YOUR EXPERIENCE AND YOU SHOULD BE AS COMFORTABLE AS POSSIBLE. IF YOU PREFER TO WEAR A T-SHIRT, WRAP OR ROBE THAT IS UP TO YOU.

TOWELS ARE REQUIRED TO BE USED IN THE SAUNAS . WE REQUIRE THAT YOU USE THEM DURING YOUR SESSIONS FOR CLEANLINESS. PLEASE PLACE A TOWEL DOWN ON THE BENCHES PRIOR TO SITTING DOWN. PLEASE SIT ON THE TOWEL SO THAT IT CAN ABSORB ANY SWEAT OR PERSPIRATION DURING YOUR SESSION.

THERE IS A MAXIMUM OF 2 HOURS PER SAUNA AND STEAM SESSION. WE ASK THAT YOU RESPECT THIS POLICY AND MAKE SURE THAT YOU STAY WITHIN THIS TIME FRAME. IT IS UP TO YOU TO KEEP TRACK OF YOUR TIME LIMIT AND MAKE SURE THAT YOU DO NOT EXCEED THIS. NOT DOING SO OR EXCEEDING THIS TIME FRAME CAN RESULT IN FURTHER CHARGES OR DISMISSAL FROM THE FACILITY.

I FREELY ACCEPT AND FULLY ASSUME ALL RISKS, DAMAGES AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS.

I ACKNOWLEDGE THIS WAIVER OF LIABILITY FORM. I FULLY UNDERSTAND ITS TERMS AND CONDITIONS, AND I UNDERSTAND THAT I AM WAIVING AND GIVING UP MY RIGHT TO SUE CAMP DOOR COUNTY ITS CONTRACTORS AND EMPLOYEES. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT VOLUNTARILY AND INTEND BY MY SIGNATURE FOR THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE GREATEST EXTENT ALLOWABLE BY LAW. THIS WAIVER OF LIABILITY AND ANY RIGHTS, DUTIES AND OBLIGATIONS HEREUNDER SHALL BE GOVERNED BY THE LAWS OF THE STATE OF WISCONSIN AND ANY LITIGATION INVOLVING THE PARTIES SHALL BE BROUGHT SOLELY IN THE COURTS OF THE COUNTY OF DOOR.

CANCELLATION POLICY

SCHEDULING AN APPOINTMENT IS THE RESERVATION OF TIME PUT ASIDE SPECIFICALLY FOR ME. I ACKNOWLEDGE A MUTUAL UNDERSTANDING OF THE VALUE OF OUR TIME. I UNDERSTAND THAT 24 HOURS NOTICE IS REQUIRED TO RESCHEDULE OR CANCEL APPOINTMENTS AT CAMP DOOR COUNTY.

I UNDERSTAND THAT SHOWING UP LATE FOR AN APPOINTMENT MEANS I AM REDUCING THE AMOUNT OF TIME I HAVE BOOKED. I ALSO UNDERSTAND I AM FULLY PAYING FOR THE SERVICE I HAVE BOOKED. CAMP DOOR COUNTY DOES NOT ADJUST APPOINTMENT TIMES BASED ON WHEN YOU SHOW UP. APPOINTMENTS START AND FINISH WHEN THEY ARE SCHEDULED.

I UNDERSTAND THAT MY CREDIT CARD WILL BE CHARGED 100% OF THE FULL APPOINTMENT PRICE FOR ANY MISSED APPOINTMENTS.

INFORMATION & SUGGESTIONS

WE SUGGEST REMOVING ANY JEWELRY CONTAINING METALS. METAL WILL RETAIN HEAT AND THEREFORE, IT IS RECOMMENDED TO BE REMOVED PRIOR TO YOUR SAUNA SESSIONS.
FEEL FREE TO ASK OUR STAFF ANY QUESTIONS BEFORE, DURING, OR AFTER THE SESSIONS.

Signature _____ Date _____

PRINT NAME _____

ADDRESS _____ EMAIL _____

_____ PHONE _____