

HEADLANDS FARM

Sauna & Cold Plunge Pool

Guest Health Declaration & Liability Waiver

Please read carefully before signing.

The sauna and cold plunge pool facilities at Headlands Farm are provided for relaxation and wellbeing. Use of these facilities is entirely at your own risk.

1. Health Declaration

By signing this document, I confirm that:

- I am 18 years of age or over
- I am in good health and physically fit to use the sauna and/or cold plunge pool
- I do not suffer from any medical condition that may be adversely affected by heat exposure or cold water immersion
- I understand that use of the sauna and plunge pool is entirely at my own risk

I confirm that I do **not** have any of the following conditions:

- Heart or cardiovascular conditions
- High or low blood pressure
- Epilepsy
- Respiratory or circulatory disorders
- Diabetes with complications
- Open wounds or infectious skin conditions
- Any condition that may cause dizziness or fainting

I understand that I must not use these facilities if I am pregnant, feeling unwell, dehydrated, or under the influence of alcohol or drugs.

If unsure about my suitability, I confirm that I will seek medical advice prior to use.

2. Sauna & Plunge Pool Safety Rules

I agree to:

- Follow all displayed signage and safety guidance
- Limit sauna sessions appropriately

- Enter and exit the plunge pool slowly and carefully
- Exit immediately if I feel dizzy, faint, unwell or uncomfortable

I understand that cold water immersion may cause rapid changes in heart rate and blood pressure and may result in dizziness or fainting.

3. Mandatory Supervision Policy

I understand and agree that:

- The plunge pool must **not** be used alone
- A minimum of two adults must be present in the spa area at all times
- Another responsible adult must be aware that the plunge pool is being used

I acknowledge that solo use of the plunge pool is strictly prohibited.

4. CCTV Monitoring

I understand that the sauna and plunge pool area is covered by live feed CCTV for safety and security purposes.

Footage is recorded and stored in accordance with data protection regulations.

I acknowledge that CCTV monitoring does not replace my responsibility to comply with all safety rules.

5. Assumption of Risk & Liability Waiver

I acknowledge that use of the sauna and cold plunge pool involves inherent risks.

I accept full personal responsibility for my participation and use of these facilities.

Headlands Farm shall not be held liable for any injury, illness, loss or damage arising from:

- Failure to disclose relevant medical conditions
 - Misuse of facilities
 - Failure to follow safety guidance
 - Use of facilities contrary to the supervision policy
-

Guest Confirmation

I confirm that I have read, understood and agree to the terms of this Health Declaration and Liability Waiver.

Full Name (Print): _____

Signature: _____

Date: _____

Lodge / Booking Reference: _____

Emergency Contact Name: _____

Emergency Contact Number: _____