

Parent / Guardian Details

Full Name: _____

Relationship to Participant: _____

Mobile Number: _____

Email Address: _____

Home Address: _____

I am also the participant's emergency contact.

If no, please complete below:

Emergency Contact Name: _____

Relationship to Participant: _____

Contact Number: _____

Alternative Contact Number (optional): _____

Medical Information

Please provide details of any allergies, medications, disabilities, or other information that emergency services or Revivo Sauna staff should be aware of in the event of an emergency:

Please tick one:

The participant has no allergies, medications, disabilities, or other information that should be disclosed in the event of an emergency.

Parent / Guardian Declaration

I confirm that:

- I am the parent or legal guardian of the participant named above.
- The participant is aged 16 or 17 years old.

- The participant does not have any medical condition that would make participation in sauna, cold plunge, hot tub, or wild swimming activities unsafe.
- I have provided details of any allergies, medications, disabilities, or other information that emergency services or Revivo Sauna staff should be aware of in the event of an emergency.
- The participant is confident in water and able to swim unaided if participating in wild swimming activities.
- I understand that participation in a wood-fired sauna, cold plunge, hot tub, and wild swimming activities involves inherent risks.
- I understand that participation is voluntary and undertaken at the participant's own risk.
- I understand that the participant must follow all instructions given by Revivo Sauna staff and may be removed from an activity if staff believe it is unsafe for them to continue.
- I confirm that the contact details provided on this form are correct and that the emergency contact may be contacted in the event of an accident, injury, illness, or other emergency.
- I give permission for the participant named above to take part in sauna, cold plunge, hot tub, and wild swimming activities operated by Revivo Sauna.

Parent / Guardian Signature: _____

Print Name: _____

Date: _____