



CONTACT / DISCLAIMER / RELEASE FORM

Salt Care is 100% natural, safe and drug free, providing effective long-term relief. It can be used as a complementary treatment to prescribed medications or as a sole treatment. When Salt Care is used as a complementary treatment, it can increase the effectiveness of prescribed medications and decrease the amount prescribed.

Although published studies do indicate that Salt Care has health benefits as an addition to more traditional forms of medicine, Adirondack Salt Cave 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 Salt Care was undertaken outside of the USA and hasn't been filed with the FDA for approval.

Salt Care should be avoided during the acute phase of any illness, including the following: infections accompanied by fever, acute active tuberculosis, cardiac insufficiency, COPD in 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, as a client of Adirondack Salt Cave LLC hereby release Adirondack Salt Cave LLC and its directors, officers, employees, agents and professional staff from all actions, causes of actions, suits, claims, liability, damages and demands of any kind, whether direct, indirect, special, exemplary or consequential, including interest therein of Adirondack Salt Cave LLC which may occur as a result of any injury including death sustained by myself or others resulting from the receipt of Salt Care.

I fully understand the above disclaimer and use Adirondack Salt Cave LLC at my own risk.

PRINTED NAME: _____ DATE: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____ mobile: home:

PREFERRED CONTACT METHOD: e-mail text telephone

ADDRESS: _____ ZIP: _____

BIRTHDATE: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

REFERRED BY/HOW DID YOU HEAR ABOUT US? _____

SIGNATURE(Parent/guardian): _____ Military/Veteran: