



**SWEATLODGE PARENT PERMISSION FORM**

I HAVE READ AND UNDERSTAND THE FOLLOWING:

1. The sweatlodge is a ceremony where the body is cleansed — removing stress and improving one’s mental, emotional, physical, and spiritual wellbeing. I understand that sweatlodge ceremonies involve exposure to heat, darkness and extremely hot Grandfather rocks, a fire burning in the vicinity of the lodge, and possibly some smoke. I understand that if I/my child, am/is suffering from any active medical conditions or taking any medications, it is my responsibility to discuss my/my child’s participation in the sweatlodge ceremony with my /my child’s physician. Conditions that may be particularly affected by participation in such environments include but are not limited to pregnancy, heart conditions, lung conditions, anxiety disorders, phobias, and any other medical conditions that may affect sweating, body heat and fluid regulation.
2. I understand that any such concerns or conditions should be discussed with the sweatlodge conductor prior to participation, but that I am welcome to still attend and learn if I choose not to enter the sweatlodge itself.
3. Participants are to ensure that they have hydrated themselves for 24 hours prior to the ceremony, and that they maintain adequate intake of fluids following the ceremony.

I, the following individual listed as "Participant" and the parent or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in a sweat lodge ceremony.

Participant Name:	
Age:	
Signature of Participant:	
Signature of Legal Guardian/Parent (if a minor)	
Date:	
Emergency Contact: (Name, address, phone number)	
Limitations - Does the participant have any health concerns which may affect their ability to participate in any sweatlodge ceremony?  <input type="checkbox"/> YES or <input type="checkbox"/> NO	If yes, please describe: