



**STATE OF DELAWARE OFFICE OF  
ATTORNEY GENERAL**

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**HEALTH SPA REGULATION EXEMPTION FORM**

I have reviewed the Health Spa Regulation, 6 Del. C. § 4201 *et seq.*, and can state that the Entity below:

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(Name of Business)

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(Street Address)

Phone Number

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(City/State/Zip)

Email

does not have to register as a health spa pursuant to that regulation because: [**Check Box**]

- It does not meet the definition of a "health spa." A "health spa" includes any person, firm, corporation, organization, club, or association engaged in the sale of memberships in a program of physical exercise, physical fitness, weight control or figure reduction, which offers the use of 1 or more of the following: a whirlpool, weight lifting room, steam room, exercising room or exercising or weight loss device.
- It is a bona fide nonprofit organization whose function as a health spa is only incidental to its overall functions and purposes (*e.g.*, the YMCA).
- It is a private club owned and operated by its members.
- It is an organization primarily operated for the purpose of teaching a particular form of self-defense such as judo or karate.
- It is a facility owned or operated by the United States.
- It is a facility owned or operated by the State or any of its political subdivisions.
- It is a nonprofit public or private school, college or university.

**Certification**

I, the undersigned, swear or affirm that:

- I have carefully read this Health Spa Regulation Exemption and the information contained therein is the product of a diligent and reasonable investigation and is true, accurate, and complete to the best of my knowledge, information and belief;
- I understand that if I intentionally made a false statement in this Health Spa Regulation Exemption, or if someone else made a false statement that I know or believe to be false, I may be subject to criminal prosecution; and
- I am an owner or high managerial agent of the Entity.

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn or affirmed and subscribed before me this \_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

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