

A Relaxed You, Inc. Salt Cave Intake & Consent Form

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Email: _____

Birthdate: ____/____/____ Reason for your visit today: _____

Allergies: _____

Skin Conditions _____

Are there any medical conditions we should be aware of? _____

Have you had a fever in the last 24 hours? Yes or No. How did you hear about us? _____

Have you tried Halotherapy before? Yes or No. If yes, where? _____

Emergency contact: _____ Relation: _____ Phone number: _____

Consent and Release for Halotherapy Treatment

I am aware that there is a video camera being monitored 24/7 within the cave to ensure the safety of all our guests.

A Relaxed You, Inc. is not responsible for any lost or stolen items. There will be NO cell phones, food, drinks, or electronics permitted inside the cave. I agree to stay seated once the session begins and I will not pick up salt or touch the walls. I understand that all articles of clothing must be kept on throughout the session. Halotherapy is not intended to diagnose, treat, cure, or prevent diseases and respiratory issues. I understand that this is not a replacement for medical treatment and I have received medical clearance from a medical professional prior to engaging in halotherapy, if I had any prior concerns. I have been advised of the possible side effects: dry/itchy throat, nasal drip, and mild coughing—all signs of the respiratory cleansing process at A Relaxed You, Inc.

By signing below, I give consent to participate in halotherapy sessions and certify that I have read and agree to the terms listed above.

Client/Legal Guardian Signature: _____ Date: _____

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