



Client Information and Disclosure sheet
Only one adult per form

Client's Name (Last, First) _____ D.O.B ____/____/____

Child 01 Name (Last, First) _____ D.O.B ____/____/____

Child 02 Name (Last, First) _____ D.O.B ____/____/____

Child 03 Name (Last, First) _____ D.O.B ____/____/____

Address: _____ City: _____

State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

Reasons for visit: _____

How did you hear about us? Check all that apply

- Google search Advertisement (where?) _____
- Billboard Doctor (name) _____
- Social Media Another Client (name) _____
- Community Event Other _____

I, the above-named client, have requested and agreed to undergo the process of Halotherapy. I have been informed about the potential benefits, risks and consequences of Halotherapy. All my questions pertaining to Halotherapy have been answered to my satisfaction. I am satisfied with and understand the information provided as well as I acknowledge that SALT. THE NATURAL SPA LLC recommends that all medical conditions should be treated by a physician competent in treating that condition. I further acknowledge that SALT. THE NATURAL SPA LLC takes no responsibility for clients choosing to treat themselves by means of Halotherapy, which has not been evaluated by the FDA, Food and Drug Administration, and is not intended to diagnose, treat, cure or prevent any disease.

I understand that for all my health concerns, it is my responsibility to consult an appropriately licensed healthcare practitioner. I further release SALT. THE NATURAL SPA LLC from any legal ramifications should an injury, death, or illness occur as a result of Halotherapy.

I hereby give my consent to participate in the Halotherapy sessions entirely at my own risk.

Signature: _____ Date: ____/____/____

Initials: _____ I have read, understand and will comply with the Halotherapy protocol guideline.

We ask for your permission to use your photograph publically to promote the business. I understand that the images may be used in print publications, online publications, presentations, websites, and/or social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. We want you to feel happy and comfortable with us. No obligation. Decision can change anytime parent/ guardian decide to finish. It can also have restrictions such as only media or only websites etc.

Initials: _____ I have read, understand and accept the photo release section.

_____ Staff