Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Name if Client under Age 13:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? Please check one. □ Magazine/ Newspaper □ Online

□ Current Client/Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you referred by a Doctor? Yes\_\_\_\_ No \_\_\_\_ List any specific doctor recommendations for salt treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had a fever in the last 24 hours? Yes\_\_\_\_ No \_\_\_\_

Respiratory history (check all that apply): □ Allergies (seasonal, environmental) Please list: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Asthma □ COPD (Chronic Obstructive Pulmonary Disease) □ Chronic sinus infections □ Chronic nose and throat problems □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current reason for Salt Spa use (check all that apply): □ Eczema □ Psoriasis □ Emphysema □ Cold, flu, bronchitis, pneumonia prevention □ Cold, flu, bronchitis, pneumonia recovery □ Sinus Issues □ Immune System Support □ Optimize breathing for athletic activity □ Optimize breathing for singing or playing wind instruments □ Snoring □ Offset influence of air pollution □ Offset influence of electronic pollution □ General Respiratory Hygiene □ Relaxation and Stress Relief □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent and Release for Salt Therapy Check any symptoms you are currently experiencing. By initialing below, I confirm that I DO NOT have any of the following: □ Acute stage of respiratory diseases □ Cardiac Insufficiency □ Spitting of blood □ COPD in 3rd stage □ Uncontrolled High Blood Pressure □ Bleeding □ Intoxication □ Any internal diseases in acute stage

Initial Here \_\_\_\_\_

**Severe Allergy, Asthma and COPD Clients** If you suffer from severe allergy, asthma or COPD you may want to consider a gradual introduction into Salt Therapy. It is important to set your own pace, if at any time during your 1st session you feel uncomfortable, you are welcome to step out and leave after 10 to 15 minutes and we will be happy to book you another appointment.

**Release; Assumption of Risk; Consent to Participation** Salt therapy is not intended to diagnose, treat, cure, mitigate, or prevent any disease. I understand that it is my responsibility to consult my primary care physician or appropriate, licensed health care practitioner for all my health concerns. I understand that no representations, claims or guarantees are being made as to any medical therapeutic benefit.

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby release, indemnify, defend, protect, and hold harmless The Salt Vault and all its employees, independent contractors, shareholders, officers, members, agents, and affiliates (collectively, the “Released Parties”) from any and all claims I may have against them relating to my participation in salt therapy. I knowingly, voluntarily, and expressly assume all risk of participation in salt therapy and agree not to bring any legal claim against any of the Released Parties based on such participation.

NOTE: DO NOT SIGN THIS FORM UNLESS YOU HAVE READ AND FEEL YOU UNDERSTAND IT. PLEASE ASK ANY QUESTIONS YOU HAVE BEFORE SIGNING THIS FORM. DO NOT SIGN THIS FORM IF YOU HAVE TAKEN MEDICATIONS WHICH MAY IMPAIR YOUR MENTAL ABILITIES OR IF YOU FEEL RUSHED OR UNDER PRESSURE.

I certify that I have read the foregoing, discussed the issues noted above, had opportunities to ask questions, and agree to and accept all the terms above.

Client Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**If signing for** **a child**, please indicate your name and relationship to the client)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_

Office use: Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_