

InSpirit Salt Spa Intake and Informed Consent Form

222 S Peters Rd, Suite 4, Knoxville, TN 37923

865-599-3139 www.InSpiritSaltSpa.com

Today's Date _____ Date of Birth _____

First Name _____

Last Name _____

Parent/Guardian's Name (for client ONLY if under age of 12) _____

Address _____

Phone: _____ Email: _____

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 of 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 InSpirit Salt Spa takes no responsibility for clients choosing to treat themselves by means of Halotherapy, which has not been evaluated by the Food and Drug Administration and is not intended to diagnose, treat, cure or prevent any disease. I understand that for all of my health concerns, it is my responsibility to consult an appropriate licensed health care practitioner. I further release InSpirit Salt 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.

I do not have any of the following conditions:

- | | | |
|-----------------------------|---------------------------------|------------------------------|
| -Active Tuberculosis | -Sever/Unstable Heart Disorders | -Uncontrolled Blood Pressure |
| -Fever | -Stage 3 COPD | -Severe Kidney Disease |
| -Acute Inflammatory Disease | -Intoxication | -Spitting Up Blood |
| -Contagious Conditions | -Any disease in Acute Stage | -Require Oxygen |
| -Cardiac Insufficiency | -Tuberculosis | |

By initialing here, I confirm that I DO NOT have any of the above conditions: **Initial Here** _____

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Reason for booking a Halotherapy session (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Offset Electronic Pollution |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Offset Air Pollution |
| <input type="checkbox"/> Sinus Issues | <input type="checkbox"/> Optimize Breathing Health |
| <input type="checkbox"/> Immune System Support | <input type="checkbox"/> Relaxation and Stress Relief |
| <input type="checkbox"/> Skin Issues | <input type="checkbox"/> Overall Respiratory and Nasal Health |
| <input type="checkbox"/> Migraines | |
| <input type="checkbox"/> Snoring | |

Our Salt Therapy room is an Electronic Free and Quiet Zone to allow for total relaxation and meditation for all experiencing this therapy. NO FOOD OR DRINK ALLOWED IN SALT ROOM. I have read InSpirit Salt Spa's Etiquette information and agree to adhere to these policies.

Signature of Client or Guardian (if minor)

Date