



CLIENT SALT THERAPY INTAKE FORM

Name _____ Address _____

City _____ State _____ Zip _____

Phone# _____ Cell# _____ Email _____

Date of Birth: _____ Would you like to receive our newsletter? Yes No

How did you hear about Salt Therapy at Pura Vida Body & Mind Spa?

- Social Media
- Pura Vida Website
- Internet Search
- Friend/Family
- Advertisement
- Other _____
- Doctor referral

Do any of the below conditions apply to you?

- Allergies
- Asthma
- Bronchitis
- Cold & Flu
- Cystic Fibrosis
- COPD
- General Wellness
- Other _____
- Dermatitis
- Ear Infection
- Increase Endurance
- Eczema
- Emphysema
- Hay Fever
- Athletic Performance
- Rhinitis
- Psoriasis
- Sinusitis
- Sleep Apnea/Snoring
- Smokers Cough
- Stress
- Detox

ATTESTATION

I understand and acknowledge that by entering the premises and employing the services offered by Pura Vida Body & Mind Spa:

1. I assume all known, latent or anticipated risks;
2. My participation at Pura Vida Body & Mind Spa is purely voluntarily and no warranties or representations were made to me by its management to induce me to participate;
3. I shall assume full responsibility for myself and any of my guests and/or invitees;
4. I understand that Pura Vida Body & Mind does not evaluate or diagnose my health and I have received medical clearance prior to engaging in salt therapy activities;

5. I have been advised of the following possible side effects: Dry or itchy throat, nasal drip, and increased coughing at the beginning. This is a natural part of the cleaning process of the respiratory system, during which the pollution, accumulated through a long time, and now loosened up by the salt, are expelled from even the deepest regions of the lungs. Such side effects should cease with the removal of pollution and pathogens. Skin irritation and dermal sensitivity may occur. In such a case, decrease the frequency of sessions.
6. Pura Vida has neither applied for or received approval by the Food and Drug Administration or any other consumer protection group;
7. The use of salt rooms has not been evaluated by the Food and Drug Administration or any other agency;
8. The use of halotherapy is not intended to treat, cure or prevent any illness or condition. All medical conditions should be treated by a physician competent in treating that particular condition. Pura Vida assumes no responsibility for customers choosing to treat themselves;
9. All products and services provided by Pura Vida, including written information, labels, brochures and flyers as well as information provided orally or in any other medium of communication, have not been evaluated by the Food and Drug Administration and are not intended to diagnose, treat, cure or prevent any disease. For all your health concerns, please consult an appropriately licensed healthcare practitioner.
10. Halotherapy is not recommended in the following cases: Tuberculosis, Fever, Contagious conditions, Severe heart disorders, Existence of cancer, advanced pregnancy, or acute state of respiratory attack. The use of halotherapy/dry salt therapy is not intended to substitute for medical care or treatment. Do not stop your medication without first consulting with your doctor. Halotherapy is not a substitute for any conventional medication. The information contained herein is not intended to cover all possible uses, directions, precautions, warning, drug interactions, allergic reactions, or adverse effects. If you have any questions about Halotherapy, check with your doctor before proceeding.

BY SIGNING BELOW, YOU AGREE THAT NEITHER SALT THERAPY NOR ANY PERSON ASSOCIATED WITH SALT THERAPY SHALL BE LIABLE FOR ANY DAMAGE RESULTING FROM YOUR USE OF PURA VIDA BODY & MIND'S SALT ROOM (HALOTHERAPY). THIS LIMIT OF LIABILITY COVERS CLAIMS BASED ON WARRANTY, CONTRACT, TORT, STRICT LIABILITY, AND ANY OTHER LEGAL THEORY. THIS PROTECTION COVERS PURA VIDA BODY & MIND, INC., ITS MEMBERS, EMPLOYEES, AGENTS, AND SUPPLIERS. THIS PROTECTION COVERS ALL LOSSES INCLUDING, WITHOUT LIMITATION, DIRECT OR INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL, EXEMPLARY, AND PUNITIVE DAMAGES, PERSONAL INJURY, WRONGFUL DEATH, LOST PROFITS, OR DAMAGES RESULTING FROM USE OF THE SALT SUITE AND ITS FACILITIES.

Signature: _____ Date: _____