



Sundara Inn & Spa®

Spa Guest Profile

Name _____

Phone (H) _____ (C) _____

Address _____

City _____ State _____ Zip _____

MEDICAL - (please circle NO/YES)

Have you currently or within the last year been under any Doctor's care for health problems?

NO / YES Please explain _____

Have you undergone surgery within the last 2 years?

NO / YES Please explain _____

Are you taking any medications or supplements?

NO / YES Please explain _____

Are you pregnant?

NO / YES Which trimester? First _____ Second _____ Third _____

Do you have any allergies?

NO / YES Please explain _____

Is there any information you would like to share with your service provider that will ensure you receive the best treatment possible?

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical conditions or specific symptoms, spa treatments may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

I understand that the spa treatment I receive is provided for the basic purpose of relaxation, relief of muscular tension, skin cleansing and or beautification. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or stroke may be adjusted to my level of comfort. I further understand that the spa treatments should not be construed as a substitute for medical examination, diagnostics, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that spa practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because spa treatments should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I hereby assume full risk, waive all claims and release and hold the Sundara Inn and Spa LLC It's employees and partners, individually and otherwise, harmless for any and all claims for injuries or damages.

Guest Signature _____ **Date** _____