



*Sundara Inn & Spa.*

Guest Spa Service Intake & Agreement

NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

**\*please print**

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?

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 \_\_\_\_\_

\*Certain products may contain very active ingredients and a change in the skin may be experienced given a known or unknown allergy.

Do you have any known blood borne pathogens?

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?

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I voluntarily consent to receive spa treatments and understand that physical contact is necessary to perform the services I have requested. I understand that spa treatments are provided for the basic purposes of relaxation, relief of muscular tension, skin cleansing, and/or beautification and that I may stop the session at any time for any reason. If I experience any pain or discomfort during the session, I agree to immediately inform the practitioner so that products, pressure, and/or techniques can be adjusted to ensure my comfort and satisfaction.



## *Sundara Inn & Spa.*

### Guest Spa Service Intake & Agreement

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 the 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 allergies, and answered all questions honestly. It is also understood that any illicit or sexually suggestive remarks or advances made will result in immediate termination of the session, total and final charges applied, and removal from the premise.

The undersigned shall, and hereby does, hold The Sundara Spa, LLC, and their respective employees, officers, agents, employees, and insurers, harmless from any action for injuries and adverse reactions that may arise out of the performed services, whether such injuries are caused directly or indirectly from such services, products or equipment used. To the extent permitted by law, you agree to protect, indemnify, defend and hold harmless Sundara and its respective officers, directors, and employees and agents against all claims, losses or damages to persons or property, governmental charges or fines, and costs (including reasonable attorney's fees), arising out of or connected with the services or work being done, except for any negligence by Sundara.

To the extent permitted by law, the undersigned agrees to pay for any losses or damages that may occur due to the services or work performed. I have had ample opportunity to read this form.

\_\_\_\_\_  
Guest Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature if Guest is Under 18

\_\_\_\_\_  
Spa Practitioner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spa Practitioner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spa Practitioner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spa Practitioner Signature

\_\_\_\_\_  
Date