



ELEVENTH ELEMENT

RELAXATION SPA

**Client Intake Form**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name (if under age 18): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Preferred Form of Communication: (circle one)    Call    Text    Email

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Referred By (who can we thank): \_\_\_\_\_

*Please check any conditions you (or your child) are experiencing or the reason for your visit:*

- Acne     Allergies     Anxiety     Asthma     Bronchial Infection     Bronchitis
- Chronic ENT     Cold/Flu     COPD     Cystic Fibrosis     Depression     Dermatitis
- Ear Infections     Eczema     Emphysema     Fatigue     Hay Fever     Influenza     Insomnia
- Migraines     Osteoporosis     Pain Relief     Pneumonia     Psoriasis     Relaxation     Rhinitis
- Rosacea     Sinus Infection     Sinusitis     Smoker's Cough (after you've stopped smoking)
- Snoring     Sports Recovery     Stress Relief     Try something new     Wheezing

Other (please explain) \_\_\_\_\_

### **Consent and Release for Halotherapy**

Halotherapy (salt therapy) is the process of breathing in micro-sized salt particles that are created by a Halogenerator; which has not been approved by the Federal Food and Drug Administration (FDA) as a medical device for treatment of any disease or condition, or as an overall health benefit.

**Halotherapy SHOULD NOT be undertaken if you are currently experiencing any of the following:**

Active Tuberculosis	Fever
Acute Stage of Respiratory Diseases	Internal Diseases in Acute Stage
Bleeding	Intoxication
Cardiac Insufficiency	Requires Oxygen
Chemotherapy	Severe Kidney Disease
Contagious Conditions	Severe/Unstable Heart Disorder
COPD in 3rd Stage	Uncontrolled Hypertension

I confirm that I **AM NOT** experiencing any of the above: **Initial:** \_\_\_\_\_

**Smoking Policy:** Because clients with sensitive respiratory issues use the salt rooms, we respectfully ask current smokers to decline from making halotherapy appointments. If you have quit smoking and have continued not to smoke for at least two weeks we will happily accommodate you in our halotherapy rooms.

I confirm that I **AM NOT** currently smoking nor have I smoked for at least two weeks. **Initial:** \_\_\_\_\_

**DISCLAIMER: This treatment is not a substitute for medical advice.**

Information contained both herein and on our website is designed to disseminate general information. It is not intended to give medical or pharmacological advice, and as such, should not be relied upon as a substitute for professional medical advice. Any and all health information obtained or received from Eleventh Element or anything affiliated with said company is to be used for preliminary and experimental purposes only. Eleventh Element makes no claims or representations regarding this information. Sessions or products purchased from our company are not intended to treat, diagnose, prevent or cure any disease or condition; nor should it take the place of your treatment or medication prescribed to you by your doctor. For all of your health concerns or inquiries, please consult a licensed healthcare practitioner first. By signing this form, I hereby release, discharge, indemnify, defend, protect and hold harmless Eleventh Element, and all its members, employees, officers, independent contractors, agents and affiliates (hereafter referred to as the "Released Parties") from any and all claims, liabilities, demands or injuries I may have against them relating to my participation (or my children's participation) in halotherapy. I understand and agree that my (and my children's) safety is my own responsibility and that I should stop and seek assistance if the need arises. "No Call No Shows" will result in a \$20 no show fee that must be paid before another appointment will be accepted. In addition, Eleventh Element Relaxation Spa is not responsible for any damage to any personal electronic devices taken and used inside the salt rooms, as well as lost or stolen items.

**DO NOT SIGN THIS FORM UNLESS YOU HAVE READ AND UNDERSTAND IT. The Eleventh Element staff may at any time turn me away if I appear to be intoxicated or under the influence of drugs or alcohol.**

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

Client Signature: \_\_\_\_\_

## Consent and Release for Infrared Sauna

Consent to use the infrared sauna is conditional upon provision of accurate answers to the following questions and signing this agreement. We highly recommend you consult a doctor prior to using an infrared sauna. It is always important to maintain proper hydration levels before, during and after infrared sauna therapy. We highly recommend drinking a minimum of 8 oz. of water prior to and following your session.

1. The use of drugs, medication or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness. The Eleventh Element staff may at any time turn me away if I appear to be intoxicated or under the influence of drugs or alcohol. Clients using any medications must consult a physician or pharmacist prior to use of the sauna.
2. **Please consult your physician if you are in doubt regarding your ability to use the infrared sauna for health reasons.**
3. *No one under the age of 18 is permitted in the infrared sauna unless accompanied by a supervising adult.*
4. Discontinue the use of the sauna if you feel light-headed, dizzy or heat exhaustion.
5. Sauna sessions should be limited to no more than 40 minutes and temperatures must stay below 160 degrees Fahrenheit.
6. **Pregnant women should consult their physician prior to use of the sauna. Excessive body temperatures have a potential for causing fetal damage during the early days of pregnancy.**
7. If you are more than 10 minutes late for your appointment we will deduct time from your session when we have a full schedule.
8. If you book an appointment and are unable to make it you must call to cancel within 2 hours of scheduled time. "No Call No Shows" will result in a \$20 no show fee that must be paid before another appointment will be accepted.
9. Guests are allowed (1) 40 minute sauna session per day, maximum. NO EXCEPTIONS.

I acknowledge and voluntarily assume the risk of injury, accident or death, which may arise from the use of an infrared sauna. I and any of my heirs, executors, representatives, or assigns hereby release Eleventh Element Relaxation Spa and its owners, officers, employees and agents from all claims or liabilities arising in connection with my use of the far infrared sauna and from any advice provided by any Eleventh Element Relaxation Spa party. I agree that this Agreement / Acknowledgment is in effect for all far infrared sauna sessions and will not expire unless specifically requested by Eleventh Element, its owners, officers, employees or agents. In addition, Eleventh Element Relaxation Spa is not responsible for any damage to any personal electronic devices taken and used inside the sauna, as well as lost or stolen items.

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

Client Signature: \_\_\_\_\_

## Consent and Release for Float Tanks

Floatation Meditation Therapy provides a deep state of relaxation that stimulates blood flow through all of the bodies tissues, releases natural endorphins, and the brain gives out alpha waves associated with relaxation and meditation. To ensure a comfortable, clean and safe Meditation Floatation experience, I agree to the following (please initial each statement):

\_\_\_\_ I do not have any medical conditions that would affect my ability to use the facility or float tanks. I also understand that it is my responsibility to check with my medical provider before my appointment

\_\_\_\_ I do not have any communicable or infectious diseases, illness or skin disorder.

\_\_\_\_ I do not have a history of high ( $\geq 180/120$ ) or low ( $\leq 90/50$ ) blood pressure

\_\_\_\_ I am not diabetic with an insulin dependency

\_\_\_\_ I do not have kidney disease

\_\_\_\_ I do not suffer from uncontrolled seizures or epilepsy

\_\_\_\_ I am not currently menstruating

\_\_\_\_ I have consulted & secured written permission from my physician to Float if I am pregnant

\_\_\_\_ I have not ingested alcohol or other substances that may influence my ability to think and act logically. The Eleventh Element staff may at any time turn me away if I appear to be intoxicated or under the influence of drugs or alcohol.

\_\_\_\_ I understand that I MUST use the shower in the float room before my float session to rinse off any lotions, deodorants and oils. Showering after is recommended to remove any salt residue.

\_\_\_\_ I understand that if I pass urine or other bodily waste into the tank, I am personally financially liable for tank cleaning and recharging with salt and chemicals at a cost of \$1,000.00 payable immediately.

\_\_\_\_ I have not had any chemical treatments to my hair within the last 10 days. This includes hair coloring, perms, straighteners, highlights or any service utilizing chemicals to alter the hair.

\_\_\_\_ I understand that the Floatation Tank uses:

- Pharmaceutical grade Epsom salts
- Ultraviolet sterilization system
- Natural enzymes and non-toxic biodegradable cleaning products
- Hydrogen peroxide

\_\_\_\_ I understand that if I book an appointment and am unable to make it I must call to cancel within 2 hours of scheduled time. "No Call No Shows" will result in a \$20 no show fee that must be paid by me before another appointment will be accepted.

\_\_\_\_ I have read in its entirety and fully understand this Floatation Meditation Waiver

\_\_\_\_ I acknowledge and voluntarily assume the risk of injury, accident or death, which may arise from the use of a float tank. I agree that this Agreement is in effect for all float tank sessions and will not expire. In addition, Eleventh Element Relaxation Spa is not responsible for any damage to any personal electronic devices taken and used inside the float tank, as well as lost or stolen items. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Eleventh Element Relaxation Spa and its employees and agents. I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Pennsylvania.

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

Client Signature: \_\_\_\_\_