\*\*Please note that all of the information on this form is kept confidential. If anything changes, it is your responsibility to revise this form by requesting a new form.

***PLEASE PRINT***

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to be signed up for email and text message appointment reminders?

YES\_\_\_\_\_ No\_\_\_\_\_

EMERGENCY CONTACT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you pregnant or nursing? Yes\_\_\_\_\_ No\_\_\_\_\_\_

Have you recently had a heart attack or other cardiovascular problems? If so, when? OR No\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a sensitivity to heat, narcolepsy or have had seizures? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you on seizure medication? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you on High Blood Pressure medication? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you suffer from any bleeding disorders? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you on any medications that may cause increased sensitivity to heat? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you used a Far Infrared Sauna Before? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you wear a pacemaker? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you had an organ transplant? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have any organs removed, specifically the colon? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have any open sores on your feet? Or body? Yes\_\_\_\_\_ No\_\_\_\_\_

Circle if you have any of the following conditions:

Acute pulmonary edema Acute Thrombophlebitis Cardiac Failure

Acute infections Deep Vain Thrombosis Episodes of pulmonary embolism

Lesions or tumors where increased venous and lymphatic return is undesirable

\*\*If you have any of the above conditions, please get a doctors note before continuing with Himalayan Salt Infrared Sauna, or Foot Detox and in some cases – tanning, meditation and/or yoga classes.

IF Yes to above in these colors:

**Purple** – Can not use the foot detox at this time **Red** – Can NOT use the Salt Sauna OR foot detox at this time

**Green** – Can NOT use the Salt Sauna at this time

**\*\*TANNING\*\***

**AVOID OVER EXPOSURE** – overexposure can cause eye and skin injury and allergic reactions. Repeated overexposure may cause photo aging of the skin, dryness, wrinkling and in some cases, skin cancer. If you have a sunburn, you can not tan. FDA requires that you only tan once within a 24hr period.

**CERTAIN MEDICATIONS** – please see the list of possible medications that effect you tanning experience. Some medications can NOT be used when tanning! Please see the list at front desk and on tanning room walls before proceeding to tan. Please also see the Nebraska State Statue on the wall/door of both tanning rooms. Some essential oils also cause photosensitivity. Please do NOT apply any essential oils before your tanning sessions; or up to 5 hrs before your session.

**WEAR PROTECTIVE EYEWEAR** – is mandatory!! You MUST wear eye protection. Failure to wear eye protection can result in severe burns or long term injury to the eyes, even blindness.

***\*\*\****If you would like a fully detailed self care and tanning packet sent to you, please include your email here:

**\*\*HIMILAYAN SALT INFRARED SAUNA\*\***

-No one under the age of 16 is permitted in the sauna unless accompanied by a supervising adult/parent or guardian or with express permission from parent by coming in and signing this form.

-Please consult your physician if you are in doubt regarding your ability to use the Far Infrared Salt Sauna.

-If you are found to be on any medications or have any health issues and have not discussed the use of Himalayan salt infrared Sauna use with your medical health professional, you may be denied further use of the salt sauna until a doctors release waiver is presented to Mind Body Balance Breathe.

-If you have a recent sprain, bruising, laceration or surgery, you should not use the Salt Sauna for the first 48 hrs after an injury or until swelling has reduced.

-Wait 20-30 minutes following strenuous exercise, to use the Salt Sauna.

**\*\*YOGA\*\***

-Please consult your physician before starting any physical fitness or exercise program like yoga.

**\*\*DUAL POLARITY IONIC FOOT DETOX\*\***

-No one under the age of 16 is permitted to use the Ionic Foot Detox unless accompanied by a supervising adult, parent or guardian or with express permission from parent by coming in and signing this form.

-Clients should not wear metal, or use computer or mobile devices during the session. Though it is not dangerous, clients with metal implants in the feet may find the session somewhat uncomfortable, but acceptable. Those with multiple metal implants should NOT use the foot detox.

I, the undersigned, am in full agreement that the services listed above are NOT a proven method, cure, or treatment of disease or conditions, nor has it been portrayed as such. I further understand that neither Mind Body Balance Breathe, nor any of its affiliates, employees, owners, or associates are Medical Doctors and DO NOT diagnose, prescribe or claim to cure any ailments, conditions, or disease. I am participating in classes or services during which I will receive instructions. I recognize that physical activity and/or exertion, which may be strenuous and may cause physical injury, and I am fully aware of of the risks and hazards involved and have been cleared by a medical professional to attend any and all classes and services provided at Mind Body Balance Breathe. I understand that it is my responsibility to consult with a physician prior to and regarding participation in any services, workshops or programs at Mind Body Balance Breathe. I agree to agree to assume full responsibility for all risks, injuries, or damages, known and unknown, which I might incur as a result form any services, workshop or programs at Mind Body Balance Breathe. I knowingly, voluntarily, and expressly waive any claim I may have against the instructor, the owner, employees, or leaseholder of the building for injuries or damages that I may sustain as a result in my participation in any classes or services or workshops at Mind Body Balance Breathe. Mind Body Balance Breathe has a NO TOLERANCE policy in regards to any form of sexual harassment or inappropriate behavior. We reserve the right to refuse any and all services to anyone who violates this AND you will be asked to leave immediately and not return to this premise. We reserve the right to contact law enforcement if such events occur. I, and any of my heirs, executors, representatives or assigns herby release from all claims or liabilities for personal injury or property damages of any kind sustained while on the premises. I understand that I am strictly liable for any damages and /or loss of use of any services, workshops or classes due to neglectful use, should such loss occur due to my use, and will be billed the cost of replacement due to neglectful damages, as well as, cost of down time. I am fully aware of the risks and herby release Mind Body Balance Breathe, Jennifer Cross-Barrett, its owners, leaseholders and employees, from any and all liability, negligence, or other claims rising from, or in any way connected with Tanning, Himalayan Salt Infrared Sauna, Ionic Foot Detox, Meditation, Yoga, Classes, workshops, or any events while on premise at 525 9th Street, Gothenburg NE, 69138 or under the direction of Mind Body Balance Breathe, its employees, Jennifer Cross-Barrett, its owners, and its leaseholders at any outside location events. My signature further acknowledges that I shall not, now, or at any time in the future, bring any legal action against Mind Body Balance Breathe and/or Jennifer Cross-Barrett, employees, owners, leaseholders and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature verifies that I am cleared by a licensed medical doctor that has verified that I am able to use ALL services at Mind Body Balance Breathe including but not limited to, Tanning, Himalayan Salt Infrared Sauna, Ionic Foot Detox, Meditation sessions, workshops, classes, and Yoga.

Printed Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Minor Permission: (if applicable)**

Parent/guardian Permission.

Under 16 yrs of age Name(if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Age at date of signing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Legal Guardian/parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or legal guardian :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*for tanning\*\* - we must have a copy of the minors State Issued I.D before being allowed to tan, to prove age of minor at time of tanning, so to follow Nebraska State Regulations.