



Health Profile & Treatment Form

NAME

PHONE NUMBER

EMAIL ADDRESS

Please circle any of the following that pertain to you.

- | | | |
|---|-----|----|
| 1. Are you pregnant? | Yes | No |
| 2. Do you wear a pacemaker? | Yes | No |
| 3. Have you ever had an organ transplant? | Yes | No |
| 4. Do you suffer from psychotic episodes or epileptic seizures? | Yes | No |

If you answered yes to any of these questions, the AQUA DETOX FOOT SPA system is not suitable for you to use.

I declare myself to be physically sound and suffering of no condition which would prevent my participation in receiving an AQUA DETOX FOOT SPA treatment. By signing this agreement, I hereby release and discharge Orange Skye Day & Wellness Spa, their officers, employees, representatives, service providers and all other Orange Skye Day & Wellness Spa affiliates from any liabilities. I understand that Orange Skye Day & Wellness Spa makes no claims to cure, treat or diagnose any health conditions. I have read and answered the questions truthfully and to the best of my knowledge.

SIGNED

DATE