

WELLCOME OM INTEGRAL HEALING AND EDUCATION CENTER, LLC

Salt Room Halotherapy Client Information and Disclaimer

Last Name: _____ **First Name:** _____ **Date:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: # _____ **E-Mail Address:** _____

How did you hear about us?

Friend/Family: (Who should we thank?) _____

Driving by Website Social Media Google.com Community Event My Physician

Printed Ad/Flyer Other: _____

Would you like to receive our newsletter and other information? Yes No
(We do not distribute or sell any of our customer information and you may unsubscribe at any time)

What brings you to The OM Salt Room today?

- Adult Salt Therapy
- Children Salt Therapy

Child's Name _____ DOB: _____

Child's Name _____ DOB: _____

*I hereby give my consent to participate in the Salt Therapy Sessions entirely at my own risk for myself and listed children. _____ Initial

- General Wellness
- Detox
- Other _____

Do any of the below conditions apply to you (or your child):

- | | | |
|--|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Eczema | <input type="checkbox"/> Sleep Apnea/Snoring |
| <input type="checkbox"/> Cold & Flu | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Smokers Cough |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Stress |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Rhinitis | |

Other _____

DISCLAIMER

WellCome OM Integral Healing and Education Center, LLC reserves the right to alter or modify the below terms and conditions from time to time. Your acknowledgment below constitutes your agreement to any and all terms changed, modified or altered. It is in your best interest to view our website periodically for the latest terms and conditions.

The 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.

I understand and acknowledge that by entering the premises and employing any of the services offered by WellCome OM Integral Healing and Education Center, LLC:

1. I assume all known, latent or anticipated risks;
2. My participation at WellCome OM Integral Healing and Education Center, LLC is purely voluntarily, and no warranties or representations were made to me by its management to induce me to participate;
3. I shall assume full responsibility for myself and any of my guests and/or invitees;
4. I understand that WellCome OM Integral Healing and Education Center, LLC does not evaluate or diagnose my health and I have received medical clearance prior to engaging in halotherapy activities;
5. I have been advised of the following possible side effects: Dry or itchy throat, nasal drip, and increased coughing at the beginning. This is a natural part of the cleaning process of the respiratory system, during which the pollution, accumulated through a long time, and now loosened up by the salt, are expelled from even the deepest regions of the lungs. Such side effects should cease with the removal of pollution and pathogens. Skin irritation and dermal sensitivity may occur. In such a case, decrease the frequency of sessions.
6. WellCome OM Integral Healing and Education Center, LLC has neither applied for or received approval by the Food and Drug Administration or any other consumer protection group;
7. The use of the rooms at WellCome OM Integral Healing and Education Center, LLC has not been evaluated by the Food and Drug Administration or any other agency;
8. The use of halotherapy at WellCome OM Integral Healing and Education Center, LLC is not intended to treat, cure or prevent any illness or condition. All medical conditions should be treated by a physician competent in treating that condition. WellCome OM Integral Healing and Education Center, LLC assumes no responsibility for customers choosing to treat themselves;
9. All products and services provided by WellCome OM Integral Healing and Education Center, LLC, including written information, labels, brochures and flyers as well as information provided orally or in any other medium of communication, has not been evaluated by the Food and Drug Administration and are not intended to diagnose, treat, cure or prevent any disease. For all your health concerns, please consult an appropriately licensed healthcare practitioner.

Halotherapy is not recommended in the following cases:

Tuberculosis, Fever, Contagious conditions, Severe heart disorders, Existence of cancer, Advanced pregnancy, Acute state of respiratory attack. The use of halotherapy is not intended to substitute for medical care or treatment. Do not stop your medication without first consulting with your doctor. **The halotherapy does NOT substitute for any conventional medication.** The information contained herein is not intended to cover all possible uses, directions, precautions, warning, drug interactions, allergic reactions, or adverse effects. If you have any questions about Halotherapy check with your doctor before proceeding.

LIMITATION OF LIABILITY

You agree that neither salt therapy nor any person associated with salt therapy shall be liable for any damage resulting from your use of the Salt Room located at WellCome OM Integral Healing and Education Center, LLC (halotherapy). This limit of liability covers claims based on warranty, contract, tort, strict liability, and any other legal theory. This protection covers WellCome OM Integral Healing and Education Center, LLC, its members, employees, agents, and suppliers. This protection covers all losses including, without limitation, direct or indirect, special, incidental, consequential, exemplary, and punitive damages, personal injury/wrongful death, lost profits, or damages resulting from use of the salt suite and its facilities.

Dated this _____ day of _____, 2020

Client Signature: _____

Client Printed Name: _____

SALT ROOM ETIQUETTE

1. On your first visit to the Salt Room at OM you will be asked to fill out client forms.
2. Please **arrive 5-10 minutes prior** to your session start time to prepare (use restroom, store belongings, adjust clothing and footwear, secure your spa seat, etc.).
3. Disposable foot covers are provided and must be worn over clean socks or shoes in the salt room. **No bare feet are allowed!**
4. Please wear comfortable clothing. You will simply put your feet up and recline in one of our comfortable zero gravity chairs. Once your treatment session begins, we encourage you to practice deep breathing, inhaling through your nose, to get the full benefit of the dry salt aerosol.
5. We provide cozy blankets to enhance relaxation as you experience the therapeutic effects of inhaling the dry salt in the salt room.
6. The salt room is an **electronic free zone**. Kindly turn off your devices and leave in your car or in the lockers provided.
7. Please keep voices low in the entrance hallway and please **refrain from talking** inside the salt room.
8. During the session the lights will be dimmed.
9. Once a session begins, no one will be permitted to enter the treatment room, so as not to disturb clients who have started a treatment session. Please **do not exit the salt room** once a session has started, unless it is an emergency.
10. **Do not use any perfumes**, lotions, or any kinds of fragrances when you attend a session.
11. If you are prone to excessive snoring, we encourage you to sit more upright, try to stay awake, and take deeper breaths during your treatments. This will help to reduce snoring.
12. The Salt Room is a clean and very delicate environment that always requires responsible and respectful conduct. We ask you and/or your children refrain from touching the walls.
13. **Avoid using Halotherapy during the acute or contagious phase of any illness**, including the following: colds, flu, infections accompanied by fever, acute active tuberculosis, cardiac insufficiency, COPD in the third stage, bleeding, spitting of blood, alcohol or drug intoxication, unstable or uncontrolled hypertension, and acute stages of respiratory diseases.
14. **Cancellation policy:** Your appointment time has been reserved especially for you and on occasion you may need to change your appointment. We kindly ask that you give us a **24-hour notice** when canceling your appointment.

I have read and I understand the Salt Room Etiquette.

Name: _____

Initial Here: _____