

We would like to welcome you to a wonderful place that offers you many health enhancing opportunities. Awaken for Wellness is a community that houses many holistic health solutions!

All practitioners in the Awaken for Wellness building understand that we are fully aware that the first practitioner you work with may not be your “Perfect Match” for care.

 Always feel open to explore any other practitioner’s skills and knowledge as our collective goal is to see you helped by practitioners that complement your health goals.

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_

Zip:\_\_\_\_\_\_\_\_\_\_\_\_Telephone:(\_\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Emergency contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Awaken For Wellness?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Services I am interested in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Curious about other services we have to offer?

Are you interested in a complimentary:

Infrared Sauna Consult? Yes / No

Float Tank Consult? Yes / No
 Massage Therapy Consult? Yes / No

Would you like appointment reminders via text? Yes / No If so, who is your Mobile carrier? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We offer a newsletter and client specials available only through email. We would love for you to receive this valuable information!

Would you like to **OPT-IN** to our email list? NO, I do not want to receive / YES! I am in.

(Please complete both sides of this document)

**WELCOME! Thank you for choosing us to be a part of your wellness journey.**

Liability Release & Financial Responsibility

(A) I, the undersigned, consent to release Awaken For Wellness LLC from liability for all Services provided by Awaken For Wellness LLC and within the Awaken for Wellness Building. All Services include, but are not limited to: Infrared Sauna Therapy, Float Therapy, Massage Therapy, oxygen generator, and Beach Room which includes Salt Therapy, Infrared Therapy and optional UVB. I understand that these Services and therapies are for the purpose of relaxation and not intended to treat any condition or disease or to take place of medical care or medications. I further understand that all practitioners and Massage Therapists are independent and not employees of Awaken for Wellness LLC. All treatment agreements and therapy received are between client (undersigned) and independent therapist. I understand that I can discontinue my Services and sessions anytime. I understand that I take full responsibility to notify Awaken For Wellness LLC, if my medical health history should happen to change during the time period of receiving any Services. I have been informed about the fees, I have had the opportunity to ask any questions about its content, and by signing below I agree to release Awaken For Wellness LLC and its members from any liability in connection with the therapies I choose to use.

(B) I (Client) understand that Awaken For Wellness LLC utilizes online scheduling software that all Practitioners, Sub lessees, independent contractors and Employees (Affiliates) of Awaken For Wellness LLC have full access to. All Affiliates will have the ability to see your information you provide on the Contact Form as well as appointment times and with whom you are consulting or doing business. Information you have shared with your Practitioner can be recorded on a SOAP CHART or in other notes within your file which is shared amongst all affiliates.

(C) I understand that the massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing energy flow. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. As such, the therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal manipulations. I understand that massage therapy is not a substitute for medical treatments and/or diagnosis and that it is recommended that I see a physician for any physical ailments that I may have. I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health. I have received and agree to the “client bill of rights” form as well as all content within this intake form.

(D) I WAIVE, RELEASE, AND DISCHARGE from any and all liability THE FOLLOWING ENTITIES OR PERSONS: Awaken For Wellness LLC and/or their officers and employees.

(E) I INDEMNIFY and HOLD HARMLESS Awaken For Wellness LLC or its officers or employees for events that may occur on the property of 1821 St. Clair Ave. St Paul, MN 55105.

(F) I understand all information provided to Awaken For Wellness LLC can be shared with all officers, employees, and affiliated practitioners (practitioners working inside Awaken for Wellness branded businesses). Your information will not be sold or shared with other outside party. Your email will be added to our list for email communication for Newsletters, events and promotions unless you request otherwise. Your email will automatically receive emails from our Scheduling software.

I have read and understand parts A, B, C, D, E, and F above and agree to the above statements.

I understand this form will be shared with Awaken for Wellness LLC and its officers or employees.

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Signature (Client or accepting as Guardian for minor) Date

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Print Name (Client or accepting as Guardian for minor)
Minor’s Name (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_