

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 health solutions!

All practitioners in the Awaken for Wellness building would like you to know 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.

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

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

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

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

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

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

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

Are you interested in a complimentary: Rolfing/Structural Integration Consultation? Yes / No

Infrared Sauna Consult? Yes / No

Float Tank Consult? Yes / No

Method of contact for consults Call / Email

Opt out of emails Yes / No

I understand this form can be shared with Awaken for Wellness LLC and its officers, employees, and affiliated practitioners (practitioners that work inside 1821 Saint Clair Ave.) Your information will not be sold or shared with any other outside party. Your email will be inserted into our email list for newsletters, events, and promotions unless you request otherwise below.

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Signature Date

(Please complete both sides of this document)

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

(D) 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.

I have read and understand parts A, B, C, and D 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 Date

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Print Name