



Please take a moment to carefully read the following information and sign where indicated:

I _____, understand the Salt Sessions, Massage, Energy Healing, NAET, BioMat/Infrared therapies, I may receive is provided for the basic purpose of a complimentary therapy to any treatment or beneficial to; such as skin and respiratory conditions, chronic fatigue, inflammation, stress, detoxification, muscle recovery, abnormal sleep patterns and other conditions. SOTES therapies provide an overall sense of well-being and may be helpful in conditions described while providing you a relaxing and rejuvenating experience. Effectiveness in treatments vary from person to person and no specific results or progress can be promised or guaranteed.

If I experience any pain or discomfort I understand that sessions I receive from SOTES should not be construed as a substitute for any medical examination, diagnosis or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any medical conditions and answered all my known medical conditions and answered all questions honestly, I agree to keep the staff at SOTES updated as to any changes in my medical profile and understand that there shall be no liability on behalf of SOTES and the staffs part should I forget to do so.

The personal nature of your medical history or present conditions as well as the comprehensive medical privacy laws, prevent us from detailing either. To the extent that this form requests "Health Information" it is requested for our use in administering the therapy, but not in determining if you are medically qualified to receive the therapies. That determination is between you and your doctor.

We are not responsible for determining your medical history or present condition for the foregoing reasons. Further, we are not medical providers and cannot and will not make medical assessments as a substitute for those of a licensed doctor.

As a condition of proceeding to therapy, you confirm that you are not prohibited medically from receiving these therapies and you acknowledge that you may elect not to receive any therapies until you consult with your doctor. By signing below,



you confirm that you have read and understand the above and that you release us from any and all liability for claims or losses arising from our therapies based upon your medical history or present conditions known or unknown to you.

Salt therapy may be inappropriate for persons with certain medical history or present conditions. We are not medical providers and cannot provide an opinion whether or not your particular medical history or present condition(s) would prohibit your participation in our therapies. For example, the following would indicate that participation in our therapies, now, would not be appropriate: acute stage of any illness, infections accompanied by fever, active tuberculosis, stage 3 COPD intoxication, contagious ailments, use of oxygen for breathing, cardiac insufficiency disorders, spitting up blood, unstable high blood pressure or kidney disease. This list is not comprehensive and is provided only as an example of medical history or present conditions which would disqualify you from our therapies at this time.

I fully understand the above disclaimer and use the facilities at Salt of the Earth LLC Woodbury CT at my own risk.

Date: _____

Signature: _____