



Salt Space

Breathe

Salt Space, Therapeutic Massage Works LLC

924 Buffalo Street
Manitowoc, WI 54220
920-684-8880

Salt Space, (Therapeutic Massage Works LLC) focuses on natural forms of health and wellness treatments. Our Himalayan salt cave provides relief from a number of inflammatory ailments as well as relaxation from the stress of every-day life. To ensure that your experience is optimal, please provide the information below prior to your first salt cave session.

Please check all that apply

Respiratory Illnesses

- | | | | |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Colds & Influenza | <input type="checkbox"/> Coughs |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Ear infections | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Laryngitis | <input type="checkbox"/> Pneumonia (post-acute) | <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Smoker's cough | <input type="checkbox"/> Respiratory infections | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Snoring |
| <input type="checkbox"/> Wheezing | <input type="checkbox"/> Other _____ | | |

Dermatological Conditions

- | | | | |
|------------------------------------|--------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Allergies | <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Other _____ | | |

Are you currently under the care of a physician for any illness?

- Yes No

If yes, please explain _____

We are delighted you are here

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Birthday: _____

Please tell us how you heard about us:

- | | | | |
|---|-----------------------------------|---|--------------------------------|
| <input type="checkbox"/> Balance on Buffalo Website | <input type="checkbox"/> Facebook | <input type="checkbox"/> Google | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Physician _____ | | <input type="checkbox"/> Friend/Existing Client _____ | |
| <input type="checkbox"/> Other _____ | | | |



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Disclaimer/Release Form- Salt Space Halo-Therapy

Salt Space (Therapeutic Massage Works LLC) provides an environment for natural and safe salt therapy. Although published studies do indicate that Salt therapy has health benefits as an addition to more traditional forms of medicine, Therapeutic Massage Works LLC does not claim Salt therapy as a replacement for medication or any medical treatment of any kind. Only your personal physician or other health professional can best advise you on matters of your health. The research supporting the use of salt therapy was undertaken outside of the USA and has not been filed with the FDA for approval.

Salt therapy should be avoided during the acute phase of any illness, including - but not limited to - the following: infections accompanied by fever, acute active Tuberculosis, cardiac insufficiency, contagious ailments, use of an oxygen tank to aid breathing, alcohol and drug intoxication.

I _____ hereby release Therapeutic Massage Works LLC, directors, officers, employees, and professional staff from all actions, causes of action, liabilities, damages, and demands of any kind, whether direct, indirect, special, exemplary, consequential, including interest thereon (the Claims) which may occur as a result of any injury including death sustained by myself or others resulting from the receipt of salt therapy.

During the Salt therapy session, Therapeutic Massage Works LLC is using pure and untreated 99.9% pure pharmaceutical grade salt.

I understand the above disclaimer and use Salt therapy at my own risk.

Date

Signature

Minors: I hereby certify that I am the adult parent/guardian of a minor under the age of 18 years old and I authorize them to receive Salt therapy. I have read and understood the disclaimer above and I release S Therapeutic Massage Works LLC from all claims and liability.

Date

Signature