Breathe Salt Wellness

Name_____

Address_____

Age_____ Sex_____

Telephone_____ Email_____

Ailment: (please check all that apply) signature your child initial if they have their ailments

__ Asthma
__ Sinusitis (Acute)
__ Sinusitis (Chronic)
__ Bronchitis
__ Snoring
__ Allergy/Hay Fever
__ Cold/Cough
__ COPD (Severe)
__ COPD (Mild)
__ Tonsillitis
__Smoker
__Cystic Fibrosis
__Bronchiectasis
__Eczema/Psoriasis/Acne
__Other (specify)
__ Stress/Anxiety/ Fatigue
__ Croups
__ Skin Conditions
__ Respiratory Infection
__ Ear Infection

Waiver

I understand that Breathe Salt Wellness Ltd. (operates under Advantage Commerce Inc.) does not diagnose, treat, prescribe for, palliate or prevent any disease, ailment, pain, and injury, and deformity, physical or mental conditions. Breathe Salt Wellness Ltd. administers Halotherapy (Salt Therapy) which is complementary and supportive to any medical care, I may be receiving.

I understand that any procedures and or exercises are designed to promote greater levels of self-care and good health. I further understand that, according to some scientific opinion, services offered by Breathe Salt Wellness Ltd. are considered to be an inexact science with many variables and that the results obtained, as they are not always constant or predictable.

I have been informed about the following precautions to treatments offered by Breathe Salt Wellness Ltd. In addition, I have fully informed clinic with my ailments and updates with each visit.

HALOTHERAPY (Salt Therapy)
Acute stage of respiratory diseases, chronic obstructive lung diseases with the 3rd stage of chronic lung insufficiency, intoxication, bleeding, kidney disease (acute stage), cardiac insufficiency, blood spitting, hypertension in II B stage, all internal diseases in acute stage need to be fully disclosed and **cannot use** this treatment until the ailment subside due high level of Contamination and Spread/COVID 19. In consideration of Breathe Salt Wellness permitting me to participate in its activities, permitting me the use of its equipment and permitting me the use of its facilities, I hereby agree as follows: To waive any and all claims, to hold harmless and to release Breathe Salt Wellness Ltd. and its directors, officers, employees, subcontractors, agents, volunteers, assigns and representatives from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer, as a result of my participation in activities offered by or associated with Breathe Salt Wellness Ltd. due to any cause whatsoever, including negligence, breach of contract, breach of statutory duty of care, and/or breach of the occupier's liability act, on the part of Breathe Salt Wellness Ltd. and its directors, officers, volunteers, assigns, employees, subcontractors, agents and representatives.

I take full responsibility for any decision, choice or action that I take as a result of using Breathe Salt Wellness Ltd. services. I have read and understood this agreement prior to signing it.
Please note: You are advised to consult a physician before using any of Breathe Salt Wellness Ltd. services.

24 hours notice is expected for cancelled appointments, or $27.50 session will be charged in your next visit.

Dated this Date: _____ day of Month: _____, _____.

_____ _____
Client Signature PRINT First and Last name- clearly