

Client Profile

Waiver of Liability and Informed Consent Release

Thank you for completing our client profile. This profile will assist us in identifying relevant medical or lifestyle information that may affect the service you have scheduled with us today and for your future visits. In any event, we will do our best to customize your treatments to your needs.

Cell Home

Name: _____ Phone: _____
Please Check Appropriate Box

Address: _____
Street City State Zip

Birthdate: ____ / ____ / ____ Email address: _____
Month Day YR This email is only used to provide you with specials and coupons

Occupation: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

How did you hear about Serendipity Wellness Spa? _____

Please list anything you may be allergic to: _____

Are you pregnant or think you may be pregnant? Yes No If yes, how many months _____
Are you claustrophobic? Yes No
Do you have Diabetes? Yes No

I understand that any services I have scheduled with Serendipity Wellness Spa may carry a risk of injury. I recognize that as a result of these services, unpredictable side effects may occur, including, but not limited to, redness of the skin, inflammation, feelings of light headedness, irritation of the skin, blood pressure changes, and allergic reactions.

I understand that a medical evaluation is advisable before commencing any Serendipity Wellness Spa service. I will continue to keep Serendipity Wellness Spa informed of any medical problems or change in my physical condition which may affect services that I have scheduled in Serendipity Wellness Spa. I acknowledge that neither Serendipity Wellness Spa, nor its employees are engaged in diagnosing or treating medical diseases or conditions.

I expressly assume all risks to me associated with any service offered by Serendipity Wellness Spa, and waive any claim which I might otherwise bring against Serendipity Wellness Spa, its officers, directors, shareholders, employees, or contractors as a result of injuries resulting from or relating to my participation in one or more services.

Serendipity Wellness Spa shall not be responsible or liable for any article lost, stolen, or damaged in or about Serendipity Wellness Spa.

Serendipity Wellness Spa will not tolerate any inappropriate acts. I understand that my session will be terminated due to any form of inappropriate behavior. We are committed to professionalism and expect the same from our clients.

Signature of Client

Date

Serendipity Wellness Spa
4930 Park Blvd Suite 7, Pinellas Park, Florida 33781
727.914.7230