IONIC WELLNESS LOUNGE WAIVER AND RELEASE OF LIABILITY

Client Information
Full Name: _____
Date of Birth: _____
Phone Number: _____
Email Address: _____
Date of Session: _____

Acknowledgment and Assumption of Risk

I, the undersigned, understand that I will be receiving an **ionic footbath detoxification treatment**, a wellness service designed to support the body's natural detoxification process. I acknowledge and agree that:

- The ionic foot bath is a **non-medical, holistic wellness service**, and is **not intended to diagnose, treat, or cure any disease or medical condition**.
- I should consult with a licensed medical professional before undergoing this or any wellness service, especially if I am pregnant, nursing, have a pacemaker or electrical implant, have undergone organ transplant, or have any serious medical condition.
- Results may vary and no specific outcomes are guaranteed.

Release of Liability

In consideration for receiving the ionic footbath service, I voluntarily agree to the following:

1. **Waiver of Claims**
   I release and discharge the service provider, their employees, agents, and affiliates (hereafter "Service Provider") from any and all liability, claims, demands, or causes of action arising out of or related to my participation in the footbath treatment.
2. **Assumption of Risk**
   I understand and assume all known and unknown risks associated with receiving this service, including any side effects or adverse reactions.
3. **Indemnification**
   I agree to indemnify and hold harmless the Service Provider from any and all claims or expenses, including legal fees, arising out of or related to my actions or participation.
4. **Medical Disclosure**
   I affirm that I have disclosed all relevant medical conditions or concerns. I understand that this treatment is not a replacement for professional medical care.

(Initial)____

5. **Medication**
   I confirm I have consumed NO medication, marajuana or alcohol in the last two hours preceding my treatment.
6. **Consent to Treatment**
   I voluntarily consent to receive the ionic footbath treatment and acknowledge that I can stop or withdraw consent at any time.
7. **Correct Information**
   I certify that the above information is complete and correct and will keep therapist informed of any changes
8. **Damage and Loss**
   I understand that the providers of Ionic Wellness Lounge will NOT be liable for any injuries or loss sustained to myself or property while on PPW Place of business at: 405 S. Cascade Ave Suite 205, Colo Spgs, CO 80903

Photo/Video Consent (Optional)

[ ] I consent to the use of photos or video taken during my appointment for promotional purposes.
[ ] I do not consent to photo or video use.

Legal Disclaimers

- **No Medical Advice:** The information and services provided are not intended as a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or qualified health provider with any questions you may have regarding a medical condition.

- **No Guarantees:** The Service Provider makes no claims, representations, or guarantees regarding specific results from the ionic footbath service.

- **Jurisdiction and Enforceability:** This Waiver shall be governed by the laws of the state in which the service is provided. If any provision of this Waiver is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

- **Entire Agreement:** This document contains the entire agreement between the parties, and supersedes any prior written or oral agreements related to the services provided.

Signatures

Client Name: _____ Date: _____

Client Signature: _____ Date: _____

**If this form is being completed by a person with legal authority to act on an individual's behalf, such as a parent or legal guardian of a minor, please complete the following information:

Printed Name of person completing this form: _____

Signature of person completing this form: _____

Signature & Printed Name (of Minor)/ Date: _____

(Initial)____