CLIENT INTAKE FORM

Name	Mobile Phone Number	☐ OK to leave message
	☐ I would like to receive SMS Notifications (Please list service provider):	
Address	City/State	Zip
Email Address		Date of Birth
How did you hear about us?		
Emergency Contact Name & Phone Number		

HEALTH HISTORY

Please check all current / past conditions that apply:

☐ headaches	☐ seizures	☐ fibromyalgia	☐ wear contact lenses
☐ muscle / joint pain	☐ bruise easily	☐ varicose veins	☐ jaw clenching/teeth grinding
☐ stroke/heart attack	☐ high/low blood pressure	☐ active cancer	☐ numbness/tingling, if so, where:
☐ blood clots	☐ diabetes	☐ osteoporosis	_____

Please list any other medical conditions and/or any medications you are currently taking:

Please list any accidents, injuries and/or surgeries in the last two years and include date of occurrence:

Are you pregnant?	Postpartum two years or less?	Do you have any allergies and/or skin sensitivities?
☐ Yes ☐ No If yes, how many weeks:_____	☐ Yes ☐ No DOB:_____	☐ Yes ☐ No If yes, please list:

Do you sit for extended periods of time at a workstation, computer, or while driving? ☐ Yes ☐ No

Is there a particular area of the body where you are experiencing tension, stiffness, pain, or other discomfort? ☐ Yes ☐ No If yes, where?

Have you received professional massage before? ☐ Yes ☐ No | If yes, how recently / frequently?

Do you have any particular goals in mind for this massage session? ☐ Yes ☐ No If yes, please describe:

TERMS & CONDITIONS

☐ *I do not wish to receive promotional opportunities.*

BY SIGNING BELOW, I ACKNOWLEDGE AND AGREE TO ALL OF THE FOLLOWING TERMS: The Studio identified below is independently owned and operated by the Operator. Neither Elements Therapeutic Massage, LLC, the franchisor of the Elements Massage® franchise system ("ETM"), nor any of its parents, subsidiaries, or affiliates, is the owner or operator of the Studio, nor are contractually or otherwise liable to any individual whom receives services at the Studio. I acknowledge and understand that the Studio's massage therapists and other personnel are employees of Operator and are not employed by ETM or any of its parents, subsidiaries, or affiliates. Massage and bodywork therapy is not a replacement for medical care and no medical diagnosis will be made. Because massage and bodywork therapy may be contraindicated due to certain medical conditions, I affirm that I have informed the Studio of all known medical conditions and will keep the Studio updated as to any changes in my condition going forward. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the session may be adjusted to my level of comfort.

ASSUMPTION OF RISK, RELEASE, WAIVER OF LIABILITY, AND INDEMNIFICATION – To the fullest extent permitted by applicable law, by signing below, I hereby waive all claims, assume all risks and liability, and release, indemnify, and agree to defend Operator, ETM, their subsidiaries and affiliates and their respective owners, officers, directors, employees, representatives, successors, and assigns (each a "Released Party"), from liability for any injury, claim, cause of action, suit, demand, and damages (each a "Claim") (including, without limitation, personal injury, economic loss, punitive damages, and consequential damages) which arises in whole or in part out of my receipt of services at the Studio, including those Claims based on any Released Party's alleged or actual negligence, breach of any contract and/or express or implied warranty, or any and all violation(s) of codes, statutes, licensing requirements or registrations of the state in which the Studio is located, whether known or unknown as of the date hereof. If any terms of this Assumption of Risk, Release, Waiver of Liability, and Indemnification are held to be invalid, illegal, or unenforceable, all other terms shall remain in full force and effect.

CLIENT BEHAVIOR - Any illicit or sexually suggestive comments or actions made by me will result in immediate termination of the session and I am responsible for full payment.

NON-SOLICITATION - I will not solicit, recruit or encourage any person employed by the Studio for employment or the provision of services outside of the Studio.

CANCELLATION POLICY - Cancellations made with less than 24 hours' advance notice may be charged a Late Cancellation fee up to the full cost of the booked session as determined by studios and by signing below, I authorize Operator (and its successors and assigns) to charge my credit card or checking account on file in the event of such late cancellation.

CLIENT INFO - Please be advised your personal information (including but not limited to your visit history, buying habits, personal preferences, and the contact information you have provided on this Intake Form or that you have entered into a scheduling program) will be shared with ETM, its affiliated companies, third-party vendors, and other Elements Massage® studios for various purposes, including but not limited to providing, maintaining, and improving services at Elements Massage® studios. ETM's privacy policy is available at www.elementsmassage.com. The Studio complies with applicable laws that protect the privacy and security of client's personal data.

COMMUNICATIONS POLICY - Operator, ETM, and/or their vendors may occasionally send promotional opportunities and marketing materials via e-mail, phone calls, text messages, faxes, and other electronic messages. If you do not wish to have your contact information used to promote Elements Massage® products or services, you can opt-out of receiving such communications by checking the relevant box below. If Operator, ETM, and/or their vendors have sent you a promotional e-mail, you may send a return e-mail asking to be omitted from future e-mail communications or unsubscribe by following the link found at the bottom of the e-mail communication. Subject to applicable law, this opt-out does not apply to appointment reminders and communications about service purchases, billing information, late charges, product service experience or other transactions.

Name of Studio Operator: d.b.a Infinity Wellness Group LLC ***("Operator")***

Studio Address: 45 Storey Ave , Newburyport, MA 01950 ***("Studio")***

Signature	I acknowledge I have received notice of (or have been given the opportunity to review) Operator's privacy and security policy. _____(initial here)	Date	MT Initials

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