



Client Information Form

First Name _____ Last Name _____

Phone _____ Email _____

Address:
Street _____ City _____ Zip _____

Birthdate ____/____/____

Emergency Contact:
Name _____ Phone _____ Relationship _____

How did you hear about Soul Body Ojai? _____

Would you like to receive our newsletter to keep you informed about our upcoming events and specials? Yes ___ No ___

Release and Waiver of Liability

The PRACTITIONERS at Soul Body Ojai are independent contractors who offer Alternative Healing Consultations, Treatments, and Services (hereto referred to as SERVICES) for the purpose of supporting CLIENT'S physical, mental, emotional, and/or spiritual well being.

I certify that I am seeking the SERVICES of the PRACTITIONERS at Soul Body Ojai, which I understand are not medical diagnoses or treatments, or substitutes for medical diagnoses or treatments. I acknowledge and understand that the act of receiving SERVICES is by no means a guarantee of results of any kind.

I understand that SERVICES may include, but are not limited to, massage, physical movement or contact, sound and music, hands-on healing, energy work, Reiki, Myofascial Release, Craniosacral Therapy, Massage, Acupuncture, Nutritional Counseling, Breathwork, Energy Healing, Spiritual Counseling, Electromagnetic Field Balancing, Emotional Healing, life coaching and/or other alternative healing techniques. I acknowledge and understand the nature of the SERVICES and that I am qualified, and in sufficient physical, mental, and emotional health to participate in said SERVICES. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. I further agree and

warrant that if, at any time, I believe the conditions to be unsafe or experience pain or discomfort of any kind, I will immediately discontinue further participation in the SERVICE.

I certify that with respect to any medical conditions or concerns I may have, I have been advised to consult with my personal physician. I understand that, while certain medical options or suggested treatments may be explained to me in the course of my healing, these explanations are in no way either a suggestion for medical treatment of any sort of prescription or medical directive, and do not constitute licensed medical advice.

Never stop any prescribed medical course of treatment - always consult a physician before undertaking any alternative healing methods.

I release SOUL BODY OJAI and its PRACTITIONERS from any and all liabilities or claims of any nature that may result from my participation in SERVICES, including but not limited to damages from my failure to pursue medical attention from a medical professional, for the exacerbation of any physical ailments I may have, and from any damages that may occur as a result of following suggested exercises or treatments.

My heirs, guardians, legal representative(s) and I hereby release, discharge and covenant not to sue SOUL BODY OJAI, its PRACTITIONERS, or any of its administrators, members, volunteers, employees, and/or owners and lessees of the premises on which the SERVICES are conducted, for all liability, claims, demands, personal injury, damages, or loss of any kind.

I have carefully read this agreement and fully understand its content. I am aware that this is a waiver and release of potential liability. I understand that this contract is binding and acknowledge that I am signing this of my own free will.

Client Signature: _____ Date: _____

Printed Name: _____