



The Natural Path

A Holistic Health Company

CUSTOMER INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ or _____

Email _____

Birthday: _____

(We do not distribute or sell any of our customer information and you may unsubscribe at any time)

What brings you to *The Natural Path LLC* today?

- Adult Salt Therapy Children Salt Therapy
 _____ _____

Do any of the below conditions apply to (or your child):

- | | | |
|---|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Rhinitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Increase Endurance | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Cold & Flu | <input type="checkbox"/> Eczema | <input type="checkbox"/> Sleep Apnea/Snoring |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Smokers Cough |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Stress |
| <input type="checkbox"/> General Wellness | <input type="checkbox"/> Athletic Performance | <input type="checkbox"/> Detox |
| <input type="checkbox"/> Other _____ | | |

How did you hear about us? (Please include the source)

- Internet _____ Friend/Family _____
 Newspaper _____ Radio _____
 Article _____ Walk-in _____
 Television _____ Other _____

DISCLAIMER

The Natural Path LLC reserves the right to alter or modify the below terms and conditions from time to time. Your acknowledgment below constitutes your agreement to **any and all** terms changed, modified or altered. It is in your best interest to view our website periodically for the latest terms and conditions.

The information contained both herein and on our website, is designed to disseminate general information. It is not intended to give medical or pharmacological advice and as such should not be relied upon as a substitute for professional medical advice.

I understand and acknowledge that by entering the premises and employing and of the services offered by **The Natural Path LLC**

1. I assume all known, latent or anticipated risks;
2. My participation at **The Natural Path LLC** is purely voluntarily and no warranties or representations were made to me by its management to induce me to participate;
3. I shall assume full responsibility for myself and any of my guests and/or invitees;
4. I understand that **The Natural Path LLC** does not evaluate or diagnose my health and I have received medical clearance prior to engaging in **The Natural Path LLC** activities;
5. I have been advised of the following possible side effects: Dry or itchy throat, nasal drip, and increased coughing at the beginning. This is a natural part of the cleaning process of the respiratory system, during which the pollution, accumulated through a long time, and now loosened up by the salt, are expelled from even the deepest regions of the lungs. Such side effects should cease with the removal of pollution and pathogens. Skin irritation and dermal sensitivity may occur. In such a case, decrease the frequency of sessions.
6. **The Natural Path LLC** has neither applied for or received approval by the Food and Drug Administration or any other consumer protection group;
7. The use of the rooms at **The Natural Path LLC** has not been evaluated by the Food and Drug Administration or any other agency;
8. The use of **The Natural Path LLC** is not intended to treat, cure or prevent any illness or condition. All medical conditions should be treated by a physician competent in treating that particular condition **The Natural Path LLC** assumes no responsibility for customers choosing to treat themselves;
9. All products and services provided **The Natural Path LLC**, including written information, labels, brochures and flyers as well as information provided orally or in any other medium of communication, hand not been evaluated by the Food and Drug Administration and are not intended to diagnose, treat, cure or prevent any disease. For all your health concerns, please consult an appropriately licensed healthcare practitioner.

Halotherapy is not recommended in the following cases:

Tuberculosis, Fever, Contagious conditions, Severe heart disorders, Existence of cancer, Advanced pregnancy, Acute state of respiratory attack. The use of **The Natural Path LLC** is not intended to substitute for medical care or treatment. Do not stop your medication without first consulting with your doctor. The halotherapy does NOT substitute for any conventional medication. The information contained herein is not intended to cover all possible uses, directions, precautions, warning, drug interactions, allergic reactions, or adverse effects. If you have any questions about Halotherapy check with your doctor before proceeding.

LIMITATION OF LIABILITY. YOU AGREE THAT NEITHER SALT THERAPY NOR ANY PERSON ASSOCIATED WITH SALT THERAPY SHALL BE LIABLE FOR ANY DAMAGE RESULTING FROM YOUR USE OF **The Natural Path LLC** (HALOTHERPY). THIS LIMIT OF LIABILITY COVERS CLAIMS BASED ON WARRANTY, CONTRACT, TORT, STRICT LIABILITY, AND ANY OTHER LEGAL THEORY. THIS PROTECTION COVERS **The Natural Path LLC**, ITS MEMBERS, EMPLOYEES, AGENTS, AND SUPPLIERS. THIS PROTECTION COVERS ALL LOSSES INCLUDING, WITHOUT LIMITATION, DIRECT OR INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL, EXEMPLARY, AND PUNITIVE DAMAGES, PERSONAL INJURY/WRONGFUL DEATH, LOST PROFITS, OR DAMAGES RESULTING FROM USE OF THE SALT SUITE AND ITS FACILITIES.

Dated this ____ day of _____, 2020

Client Signature: _____

Client Name: _____