



AT THE ABBEY RESORT

NAME: _____

DATE: _____

SPA PERSONAL USE ONLY

PLEASE CHECK THE APPROPRIATE BOX:

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. Do you have joint, neck, spinal or back problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have varicose veins, swelling, bruises or fractures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have athlete's foot, warts or any other skin condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you pregnant? If yes, how far along? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you had surgery within the past year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been treated for cancer in the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you suffer from claustrophobia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have any allergies to nuts, seaweed or seafood? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Please list any other allergies or medical conditions: | | |

THERAPIST, PLEASE INITIAL AFTER COMPLETED SERVICE.
LAST THERAPIST, PLEASE TURN FORM IN.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

LIABILITY RELEASE, ACKNOWLEDGEMENT AND WAIVER

With my signature below, I understand, acknowledge and agree that: (I) I am aware the use of the facilities and services involve risks, including but not limited to, risk of bodily injury and death; (II) I have provided above all relevant information regarding my medical history and health conditions; (III) I am making use of the spa and fitness facilities of my own free will; and (V) assume all risks associated therewith. On behalf of myself, my personal representatives, heirs, executors, administrators, agents and assigns, I hereby release and discharge Avani Spa, hotel operator and their affiliates, parent companies, subsidiaries, employees, agents, landlords, representatives, successors and assigns from any and all claims or causes of actions arising out of or relating to my use of the facilities and services, including but not limited to, those resulting from bodily injury, death, or the theft, loss or damage of property, whether or not cause by negligence or other fault of the parties being released, and hereby waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to such claims. I further agree on behalf of myself and my heirs, executors and administrators, to indemnify defend, and hold harmless Avani Spa, hotel operator and their affiliates, parent companies, subsidiaries, employees, agents, landlords, representatives, successors and assigns from and against any and all claims or causes of action, damages to or destruction of any property arising out of or related to my use of the services or facilities. I understand that a failure to return borrowed items such as robes, slippers or locker keys will result in an additional charge to me.
*Please pass along to each service provider

NOTES:

GUEST SIGNATURE: _____

DATE: _____