

Aqua-Hoopment Private Sessions

Name: _____ Telephone: _____ Date of Birth: _____

Email Address (optional): _____

In case of emergency: _____ Telephone: _____

General & Medical Information

Occupation: _____

Have you ever experienced an aquatic bodywork session (watsu, waterdance etc.)? Yes No
How recently? _____ How about aquatic exercise? Yes No How recently? _____

If you answer "yes" to any of the following questions, please explain as clearly as possible below.

- Yes No Do you have a cold or flu?
- Yes No Do you know how to swim?
- Yes No Are you susceptible to motion sickness?
- Yes No Have you ever experienced aquatic trauma (near drowning, aggressive "horseplay")?
- Yes No Are you pregnant?
- Yes No Are you susceptible to ear infections?
- Yes No Do you need earplugs?
- Yes No Can you breathe through your nose?
- Yes No Are you taking any medications (see below)?
- Yes No Have you had any recent surgeries?
- Yes No Are you having trouble sleeping?
- Yes No Do you have any replacement joints or joint problems?
- Yes No Have you been in an accident, or suffered injuries in the past 48 hours?
- Yes No Do you have tension or soreness in a specific area?

Please specify: _____

Comments, expectations or concerns: _____

Please take a moment to carefully read the following information and sign where indicated.

If you have a specific medical condition or specific symptoms, aquatic exercise & bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

I, the undersigned, hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE: Sol Healing and Wellness Center; Floating Lotus; or Margarita Hutchinson (Suspire:Breathe Massage Therapy) and associated employees/volunteers from and for any liability resulting from any personal injury, accident or illness (including death), and/or property loss, however caused, arising from, or in any way related to, Participant's participation in Aqua-Hoopment.

I understand that the aquatic bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or positions may be adjusted to my level of comfort. I further understand that massage or bodywork of any kind should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/body-work practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

Client Signature _____ Date _____

Practitioner Signature _____ Date _____

Consent to Treatment of Minors:

By my signature below, I hereby authorize _____ to administer Aquatic bodywork or somatic techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian _____ Date _____