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Client Contact Information:

Date completed: _____

Name: _____ Email: _____

Address: _____

Telephone: Primary _____ Secondary: _____ Occupation: _____

Gender: M / F Age: _____ Date of Birth: _____ Marital Status: _____ Children: _____

How did you hear about MonaV Wellness? Website Advertisement Referral Social Media Other _____

Primary purpose for initial visit:

Traditional Spa service _____ Ayurveda Spa Service _____ Ayurveda Consultation _____

My goal for this service is: _____

General Health Questions:

Services:

Informed Consent, Waiver and Release Memorandum

This form acknowledges that I have signed up for an “ayurvedic health and well-being” consultation or body work technique treatment with MonaV Wellness. Ayurveda is a healing practice that originated in India. In the United States, Ayurveda is part of complementary and alternative medicine (CAM). Do not use Ayurveda as a replacement of proven conventional care or to postpone seeing a doctor about a medical problem. Tell your health care providers about any complementary and alternative practices you use. Give them a full picture of what you do to manage your health. This will help ensure coordinated and safe care.

I acknowledge that this consultation or body work technique treatment does not undertake to diagnose, prescribe or treat for any disease, illness, or injury. No medical treatment will be offered or given. I understand that the ayurvedic practitioner/consultant reserves the right to discontinue a registrant’s privileges to consultation or treatments at her sole discretion. In such cases, the consultation or treatment fees that have been paid in full or in part will be refunded. Other expenses that may have been incurred in this context, such as transportation, accommodation, products, etc. are NOT subject to reimbursement.

The educational material of the consultation may include recommendations and/or guidelines for diet and lifestyle changes, specific herbal formulations and body work technique treatments. These guidelines are considered intrinsic to the ayurvedic body of knowledge and are not meant to be used to treat, cure, or diagnose any identified illness or disease.

I HAVE READ and I understand the foregoing memorandum, which outlines the scope of the consultation or body work technique treatments I have signed up for. I specifically understand that the consultation or body work techniques are NOT offered by a licensed medical doctor, physician or licensed massage therapist, and that it will not cover the discussion of medical treatments of any kind. Neither the information, products recommended (when any) nor body work techniques are intended to treat, mitigate, cure, or prevent any disease. All information provided will be for the sole purpose of imparting education on ayurveda and the ayurvedic protocol of products and techniques recommended.

I acknowledge receipt of this memorandum. I hereby release, indemnify, save and hold harmless MonaV Wellness, her company, its owners, directors, officers, employees, agents, assignees, subsidiaries, and licensees, (hereinafter referred to as “MonaV”) from and against any costs, fees, expenses, liabilities, or claims arising from any activity, treatment or treatments with MonaV or from any conduct or activity arising from MonaV’s activities involving myself or any conduct or activity involving any of MonaV’s product recommendations or body work techniques, including but not limited to illness, injury, death, theft, or other liability, regardless of any act or omission from MonaV or her invitees or licensees.

As a material part of the considerations to participate in such activities with MonaV, I hereby assume all risks of injury to persons or damage to property arising from any cause, and I hereby waive all claims against MonaV or her invitees or licensees. I am assuming the risk of all known and unknown claims I may have. In this regard, I waive the benefits of any state or federal or international statute that may allow protection against unknown or unanticipated claims, damages, liabilities, or actions, whether contractual, statutory, or tortious in nature. MonaV is furthermore not liable for any injury, death, theft, damage, accident, delay or inconvenience in the event that I am damaged or injured regardless of the cause.

By signing this memorandum, I intend it to be a complete and unconditional RELEASE of all liability to the greatest extent allowed by law. If I, or anyone else on my behalf, makes claim against MonaV Wellness or the consultant, MonaV, I or my estate will INDEMNIFY, SAVE, and HOLD them HARMLESS from any litigation, expense, attorney fees, loss, liability, damage or cost which may occur as a result of such claim to the fullest extent permitted by law. I agree that if any portion of this memorandum is held to be invalid, the balance shall continue in full force and effect.

This “waiver and release memorandum” shall be interpreted according to Wisconsin law and all disputes arising from this form or from MonaV’s activities shall be addressed in the jurisdiction of Wisconsin, USA.

NAME: _____

SIGNATURE: _____

DATE: _____