

Boutique Inn Wellness Facility Consent Form

Guest Information

Full Name

Date of Birth

Contact Number

Email Address

Emergency Contact

Name

Phone Number

Relationship

Health Information

Please list any medical conditions or allergies

Current medications

Consent Agreement

I acknowledge that I have voluntarily chosen to participate in activities and/or use the facilities at Boutique Inn Wellness Facility. I understand that there are inherent risks involved and agree to release Boutique Inn and its staff from liability for any injury or condition that may result from my participation. I certify that the above information is correct to the best of my knowledge.

Signature

Date