

# 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