



STRETCH LIABILITY INTAKE FORM

FIRST & LAST NAME: _____

PHONE NUMBER: _____

EMAIL: _____

EMERGENCY CONTACT NAME & PHONE NUMBER:

Have you had/ Do you have Any medical conditions, Diagnosis, accidents, injuries, or surgeries that might hinder your ability to receive assisted stretch, that your stretch technician should be made aware of? YES NO

If yes, please clarify:

Do you have any medical needs or considerations (Wheelchair / walker) or have shortening/hardening of muscles known as contracture, joint tear or rotator tear?

YES NO

If yes, please clarify:

What are your goals, expectations, and areas of focus going into assisted stretch?

Are you/ or do you think you might be pregnant? YES NO

Do you have any head/neck issues such as headaches/migraines, ringing in the ears, vertigo/dizziness, vision or hearing loss? YES NO

If yes, please clarify: _____

Do you suffer from any neurological disorders such as seizures, epilepsy, Parkinsons, MS, neuropathy/numbness, sciatica or any sensory loss? YES NO

If yes, please clarify:

Do you have any musculoskeletal disorders such as Arthritis, Osteoporosis, Bursitis, Tendonitis, Jaw Pain, Pins/Plates/Wires or any artificial joints? YES NO

If yes, please clarify:

Do you suffer any respiratory or cardiovascular issues such as Asthma, cough, shortness of breath, sinusitis, emphysema, smoker, high or low blood pressure, stroke, heart disease, pacemaker, hemophilia, phlebitis/varicose veins, etc.? YES NO

If yes, please clarify:

Do you have any skin disorders or other health infections such as hepatitis, herpes, HIV/AIDS, TB, Lyme disease, Covid19, measles. Etc.? YES NO

If yes, please clarify:

Do you have any joint mobility issues or chronic pain issues? YES NO

If yes, please clarify:

Do you have any allergies to lotions, oils, scents, creams, waxes, or pet fur? YES NO

If yes, please clarify: _____

I understand that assistive stretch is for improvement of circulation, greater stretch gains for range of motion, and relief from muscular tension, and that I might be sore for 1 to 4 days after the assisted stretch session?

YES

If I experience pain/discomfort during the session, I will immediately inform my stretch technician. I will not hold my technician liable should I choose not to say anything if I have pain/discomfort or have withheld any medical information hindering my ability to accept assisted stretch.

YES

I understand that assisted stretch sessions are non-sexual in nature and are strictly professional on both your end and on the stretch technician. You will remain clothed during the stretch session, in stretchy pants/shorts/or sweats, and a breathable stretchy or cotton shirt. If you or the technician feels there is any amount of unease during your stretch session, the session will be terminated.

YES

I understand that if I cancel less than 24 hours prior to my stretch session, my security deposit will be forfeited. If I no-show the appointment, I will be charged the remaining portion for the session without refund. If I show up late for my appointment, no additional time will be added to the session and full payment will be made.

YES

I understand that my stretch technician is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

YES

By signing this release, I hereby waive and release my stretch technician, and all other staff members of Adore Essence Massage & Spa, from all liability, past, present, and future, related to assisted stretching, or any other services within the business. I affirm that I have notified my stretch technician of all known medical conditions and injuries and will notify of any changes to my health or medical conditions before any future sessions. I am choosing to come in for stretch and will not attend if I feel my health is at risk, or I am a risk to others. We are committed to providing a welcoming, safe, comfortable environment for everyone.

Signature required _____ date _____

I am over the age of 18. YES NO

If the answer is NO, you MUST be accompanied by an adult over the age of 21. The adult must remain in the room for the duration of the stretch session. NO exceptions. The adult will be required to sign a minor release form prior to the session.

Please list any questions for your stretch technician, or mobility/flexibility goals that you might have, in the below section.

Please enjoy your introductory stretch session.

Adore Essence Massage & Spa Gurnee, IL.