

**BLUE PRIVATE SPA
LUXURY EXPERIENCE**

LATTE DI VENTIMIGLIA

NAME

SURNAME

PLACE OF BIRTH

DATE OF BIRTH / /

COUNTRY OF RESIDENCE

I declare under my own responsibility that

I am in good physical condition and have no signs or symptoms of illnesses that could interfere with treatments such as:

- sauna -steam bath -massage chair -physical activity (treadmill, weights) - Jacuzzi

I also declare that:

- I am not allergic to essential oils
- I do not suffer from osteoporosis
- I do not have a fever (above 37 degrees Celsius)
- I do not have a pacemaker or other devices
- I am not pregnant
- I have not recently given birth
- I am not menstruating
- I have no injuries or skin conditions
- I do not have spinal abnormalities or scoliosis
- I do not use the massage chair with wet or damp skin or clothing
- I am not sensitive to heat

I release BLUE PRIVATE SPA from any liability for undisclosed health problems.

Date

Signature

BluePrivateSpa
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