



Shake and Bake Consent and Protocol

Shake and Bake (SNB) protocol: At each visit you will complete two sessions on the vibration plate and two fifteen minute sessions in the Infrared Sauna. Initials _____

SNB may be purchased by the day, week, or a month unlimited. When purchasing by the week or month you are limited to one visit per day, Monday thru Saturday. The week begins on the day of purchase (day 1) and ends on day 7, the unlimited month begins on the day of purchase (day 1) and ends on day 30. If a day is missed during the week or month it is not added to the end date. Initials _____

SNB is scheduled on a space available basis and is by appointment only. Initials _____

Release of Liability

I, and my heirs, in consideration of my participation on the Vibration Plate and infrared sauna at Parker Med Spa hereby release Tina Long, or any Parker Med Spa employee under the advisement of Tina Long and Dr. Sidney Eisenbaum, the Medical Director, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, death, which might occur while participating. I am aware of the risks of participation, which include, but are not limited to, the possibility of sprained muscles and ligaments, broken bones and fatigue. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity. I understand that participation in this program is strictly voluntary and I freely chose to participate. I understand that Parker Med Spa does not provide medical coverage for me. I verify that I will be responsible for any medical costs that I may incur as a result of my participation.

(Participant)

(Date)

(Parent or guardian's signature if under 18)

ACKNOWLEDGEMENT:

My questions regarding the treatment have been answered satisfactorily. I understand the treatment and have been told there are no known risks; although unknown risks may exist and reactions may occur. I hereby release Tina Long, Sidney Eisenbaum, MD, Parker Med Spa Medical Director, and all Parker Med Spa employees from any and all liabilities associated with the above indicated treatment. This release holds harmless Parker Med Spa, the above mentioned employees, and is voluntarily executed. It shall be binding upon myself, my spouse, relatives, legal representatives, heirs, administrators, successors and assignees.

Client/Guardian Signature _____ Date _____

~ For the comfort of our guests and the safety of your children, **we cannot allow children in the spa unless they are here for services.** Please initial _____