

Medical Liability Release

This letter had been generated to serve as documentation that		has decided
	(guest's full name)	
on to receive a (date) (name of service)	. This guest has been informed of an	y potential
medical complications that may result as a state of their medical condition(s) combined with the afore-		
mentioned service but has chosen to receive the serv	ice in light of the given information.	This document
releases Sego Lily Spa of any liability associated with the service.		
Guest Signature:		

Service Provider Signature: _____

Management Signature: _____