

Name: _____

Suite No.: _____

HEALTH QUESTIONNAIRE

Please provide the following information in a clear and detailed manner in order to optimize your Spa experience. Before you fill out the form, and before beginning any service or treatment, we also ask that you carefully read the attached Waiver of Liability.

Are you familiar with our Spa facilities? Yes No

Do you have any allergies? Yes No
Please specify: _____

What do you wish to obtain from your Spa Experience?

- Relaxation
- Relief from muscular tension
- Improved skin condition
- Beauty ritual

Are you taking any medication? Yes No
Please specify which medication and how it is taken. _____

Please indicate the last time you consumed solid foods: _____

(Eating right before a Spa service is not recommended, due to the digestion process).

Have you consumed alcoholic beverages in the last two hours? Yes No

Please mark the options that apply to your current state of health:

- | | |
|--------------------------------------|--------------------------------------|
| <input type="radio"/> Abscesses | <input type="radio"/> Rash |
| <input type="radio"/> Open wounds | <input type="radio"/> Allergies |
| <input type="radio"/> Easily bruised | <input type="radio"/> Sensitive skin |
| <input type="radio"/> Bruises | <input type="radio"/> Varicose veins |
| <input type="radio"/> Contusions | <input type="radio"/> Herniated disk |
| | <input type="radio"/> Asthma |

Recent fracture (indicate location): _____

Recent surgery (indicate type and date): _____

High blood pressure Heart condition

Pregnancy (indicate number of months): _____

Other: _____

Age group:

18 or younger 40 to 49

19 to 29 50 to 59

30 to 39 60 and over

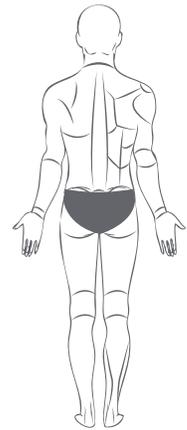
Sex: F M

Treatment: _____

In the following diagram, please mark with an "X" the areas of the body where you have experienced or are experiencing stress and would like to avoid treatment or manipulations. Put a check mark (✓) on the areas of the body where you would like to receive more intensive treatment.



Front



Back

EMERGENCY CONTACT INFORMATION

Full name: _____ Telephone: _____

Email: _____ Relationship: _____

WAIVER OF LIABILITY

I hereby certify that upon the date of signature of this document, I am in sufficiently healthy physical condition to use the facilities and/or receive services and/or treatments provided by AMET Spa, an establishment operated by Promotora Turística Punta Bete, S.A.P.I. de C.V. I do so with the full knowledge, understanding and appreciation of the risks that this implies, and I acknowledge the inherent risk of illness or injury with any treatment. I accept these risks consciously and voluntarily on my own behalf, as well as on behalf of my relatives and legal representatives, and we release Promotora Turística Punta Bete, S.A.P.I. de C.V., its AMET Spa establishment and its directors and/or employees and/or associated companies and/or affiliates and/or subsidiaries of all responsibility. I understand that the treatments/services offered by AMET Spa do not replace and will not be able to replace medical care, and that no one from the Spa staff is authorized and/or qualified to perform any medical diagnosis. Skin care and body therapy may be contraindicated for certain medical conditions. By signing this document, I confirm that I have informed the AMET Spa staff of my complete health/medical condition and will keep the Spa updated with respect to any changes to my medical condition in the future.

If I experience any pain or discomfort during the performance of the service(s) or during the course or application of treatment(s), I will immediately inform the Spa staff so that necessary adjustments to pressure, manipulations and/or products may be made to suit my level of safety and/or comfort.

I accept that it is strictly prohibited to smoke, consume alcohol or drugs, or bring food items into any area of AMET Spa. I acknowledge that any of these actions may affect my ability to function properly and may result in dangerous actions on my part. I understand that my session will be terminated in the event of any inappropriate behavior. If I am executing this release and waiver of liability on behalf of a minor (at least 16 years of age), I guarantee and declare that I am the parent or legal guardian of the minor:

Any unlawful or sexually suggestive comments or actions made by me to the Spa staff will result in the immediate termination of my service and/or treatment and I will remain responsible for full payment. I will not solicit, recruit or encourage any person employed by the Spa to provide services and/or treatments outside of the Spa.

Unless expressly stated, neither the Spa nor any of its directors, employees, agents, vendors or suppliers will be directly or indirectly liable for any indirect, consequential, punitive, exemplary or other damages; income or earnings; or third-party claims arising out of or in connection with the use of the services and/or treatments provided in the Spa.

All services provided by AMET Spa and/or its employees, and/or its associates and/or its affiliates will be considered to be provided in Mexico, regardless of my nationality, residence, location of my business or the business that it represents. The documents produced, reviewed or signed remotely in any way, actions taken in any way, and the person or entity who made the payment of services and/or treatments will be governed in accordance with the laws of Mexico, particularly in accordance with the applicable provisions in the state of Jalisco, Mexico. By signing this statement, I accept that all actions and/or procedures arising in connection with the services and/or treatments provided by the Spa and/or any of its directors and/or employees and/or associates and/or affiliates will be judged and litigated exclusively in the courts located in the state of Jalisco, Mexico. The choice of the aforementioned location is a decision made by myself and the Spa, and is of a mandatory and non-discretionary nature.

Date: _____ / _____ / _____

Full name: _____

Signature of agreement: _____