



Disclaimer

Name: _____

Date: _____

At Vana Malsi Estate, we offer wellness treatments and activities based on the information provided by you during your wellness consultation that support your retreat objectives.

Our treatments, products and facilities are not intended to be a substitute for professional medical advice and treatment of any condition(s), medical or otherwise that you may have. We use products not known to cause any allergic or adverse reactions. However, the wellbeing of our guests is of utmost importance to us and therefore, we request you to please advise us of any known allergies, hypersensitivity to any ingredients, skin conditions or disorders, illness, injuries, recent surgeries and any other health conditions or relevant information. This will help us to ensure that your needs are taken care of and that your retreat experience does not in any way interfere with any medical or health conditions that you may have.

Guest information is shared within the Vana team to craft the best itinerary for each guest, to address your needs and preferences and for our internal learning. This includes health or medical information where relevant. Sensitive medical or personal information is only shared when necessary and usually only within the wellness team. Please let your consultant or specialist know if there is anything you wish them to keep confidential, however this might affect our ability to provide certain treatments, activities or services.

Expectant mothers: Please note that not all treatments can be offered to guests during their pregnancy.

The information I have shared with the wellness consultants/specialist is true to the best of my knowledge and I have not withheld any information concerning my health. I have also been made aware of the contra-indications, dietary restrictions and other precautions to be taken while on retreat. Though due care in prescription is exercised by the wellness team, I understand that taking internal supplements has my consent and is also my choice. While recognising that all care will be taken by consulting specialists, practitioners, experts and therapists, I am aware that my participation in treatments and activities is by my own choice and has been explained to me in totality. I understand that I am required to participate fully and follow the directions and advice of those supervising and guiding me during my treatments and activities.

Signature: _____