

# Rest Reset Explore Center

## Client File Cover Sheet

- ☐ Client Intake
- ☐ Release of Liability
- ☐ Feedback Survey

# Rest Reset Explore Center

## Client Intake Form

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Children:

\_\_\_\_\_ Age \_\_\_\_\_,

\_\_\_\_\_ Age \_\_\_\_\_,

\_\_\_\_\_ Age \_\_\_\_\_

In case of an emergency, who should we contact?

Name:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

\*\*\*\*Please let us know if anything changes so we can update our files.  
Thank you in advance.

RREC Management

# Rest Reset Explore Center

## Release of Liability

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

I acknowledge that I am willingly receiving services from Rest Reset Explore Center. I understand that I am responsible for my own relaxation experience, fully aware of ingredients in any food or beverage consumed onsite, fully aware of my responsibility in my child being allowed to play in LJ's Youth Zone, and voluntarily assume risks associated with the services rendered releasing Rest Reset Explore Center from any legal obligations.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

## RREC Client Feedback

Date: \_\_\_\_\_

How satisfied are you with:

	5	4	3	2	1
Purchase Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Value for Price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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Thank you for your feedback!