



Thank you for taking a moment to complete this form so we may serve you better. All information is kept confidential.

Name _____

Address _____ Zip _____

Email _____ Phone No. () _____

Date of Birth _____ 18 years or Older? Yes No Sandal/Shoe Size _____

• Minors AND their guardian will be required to complete a parental release prior to receiving service.

Who may we thank for referring you? _____

Do you have any allergies? Yes No

If yes, explain _____

Are you taking any medications currently? Yes No

If yes, explain _____

Have you used any of the following?

- Accutane (within last year) Yes No • Retinols (within last month) Yes No
• Any topical corrective skin treatments (within last month) Yes No

If yes, explain _____

(*Applies to any Waxing or Facial Ritual that you may receive.)

List any recent surgeries, injuries, communicable diseases or other medical conditions we may need to be aware of: _____

If you experience any discomfort during your treatment, ask your service provider to stop or modify the treatment immediately.

Cell phone use is prohibited inside the spa for the benefit of all of our guests including you. Please silence your phone before leaving the Reception area.

RELEASE OF LIABILITY

I agree to assume all risk of injury or damage that I might suffer from any product or service received at this establishment for any and all services from this day forward. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the service.

My signature below confirms I have answered all questions to the best of my ability and consent to the release of liability.

Guest's Signature: _____

Guest's Name: _____ Date: _____