



Client Information and Release Form

Name _____ Resort Club Card #: _____
Date of Birth _____ E-mail _____
Address _____ City _____ State _____ Zip _____
Phone Number (H) _____ (C) _____
Occupation _____
Emergency Contact _____ Emergency Phone Number _____

Health History

Check off conditions that apply to you.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Carpal Tunnel | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Chest Pains | <input type="checkbox"/> Kidney or Liver Disease | <input type="checkbox"/> Sinus Conditions |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Open Wounds | <input type="checkbox"/> Skin Conditions |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Plantar Fasciitis | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Athlete's Foot | <input type="checkbox"/> Fungus | <input type="checkbox"/> Poor Circulation | <input type="checkbox"/> Sunburn |
| <input type="checkbox"/> Back or Neck Pain | <input type="checkbox"/> Headaches | <input type="checkbox"/> Rash | <input type="checkbox"/> Swollen Joints |
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Respiratory or Lung Disease | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Herpes Simplex | <input type="checkbox"/> Sciatica | <input type="checkbox"/> Warts |
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> High/Low Blood Pressure | | <input type="checkbox"/> Whiplash |

Circle yes (Y) or no (N).

Do you have any current injuries? **Y N** Explain: _____
Have you had any major surgeries? **Y N** Explain: _____
Do you have any medical conditions? **Y N** Explain: _____
Are you taking any medications? **Y N** Explain: _____
Are you sensitive to aromatherapy? **Y N**
Are you under a physicians care? **Y N**
Are you taking blood thinning medication (for clotting)? **Y N**
Do you bruise easily? **Y N**
Have you been exposed to a communicable disease? **Y N**
Are you pregnant? **Y N** How many weeks? _____
Please explain any other health concerns: _____

Massage & Body Treatment

Have you ever received a professional massage before? **Y N** If yes, how long ago? _____
What did you like about it? _____
What did you dislike about it? _____
Please circle the pressure level you prefer:
Light 1 2 3 4 5 6 7 8 9 10 Deep
Do you have any areas more sensitive to pressure than others? _____
What results do you want from your massage? _____

Facial

Check off the skin types that apply to you.

- | | | | |
|---------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Mature | <input type="checkbox"/> Oil | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Acne/Problematic |
| <input type="checkbox"/> Dry | <input type="checkbox"/> Combination | <input type="checkbox"/> Very Sensitive/Rosacea | |

Check off the skin concerns that apply to you.

- | | | | |
|--------------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> Sun Damage | <input type="checkbox"/> Hyperpigmentation | <input type="checkbox"/> Blackheads | <input type="checkbox"/> Dilated Capillaries |
| <input type="checkbox"/> Dehydration | <input type="checkbox"/> Rosacea | <input type="checkbox"/> Whiteheads | <input type="checkbox"/> Uneven Texture |
| <input type="checkbox"/> Sensitivity | <input type="checkbox"/> Enlarged Pores | <input type="checkbox"/> Acne | <input type="checkbox"/> Aging Skin |

Are you currently using Retin A/ alpha hydroxy acids? **Y N**

Please explain any information we should know that may effect your treatment: _____

Wax

Have you had a professional waxing before? **Y N**

Did you have a reaction to the waxing? **Y N** Explain: _____

Have you had a recent peel? **Y N**

Do you use alpha hydroxides, Retin A, Renova, Accutane or acne medication? **Y N**

Explain: _____

WAIVER and RELEASE

The undersigned _____ (print name), hereafter referred to as "Customer" does hereby waive and release, indemnify, hold harmless and forever discharge The Spa at Grand Falls, hereafter referred to as "Spa" and its agents, employees, officers, directors, affiliates, successors, members, and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to the services being provided to me by the Spa provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct. Said services may include, but are not limited to, massage, pedicures, manicures, body treatments, hair removal, facials, hair coloring, texture changes, permanents, as well as hair cutting.

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with or unsatisfactory results from the said services being provided to me.

This Waiver and Release contains the entire agreement between the Spa and myself, and supersedes any prior written or oral agreements concerning the subject matter of this Waiver and Release. The provisions of this Waiver and Release may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of the Spa and myself.

The provision of this Waiver and Release will continue in full force and effect even after the termination of the services being provided to me, whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this Waiver and Release. I understand and confirm that by signing this Waiver and Release, I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional Waiver and Release of all liability to the full extent of the law.

Signature _____ Date _____