Spa Intake and Release of Liability Form

The following information will be kept confidential and only used to help our stylists plan safe and effective services.
IT IS IMPORTANT YOU ANSWER ALL QUESTIONS HONESTLY TO THE BEST OF YOUR KNOWLEDGE.
PLEASE INITIAL AND SIGN ENTIRE RELEASE BEFORE RETURNING TO THE FRONT DESK.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: (_____) _____ Home: (_____) _____ Work: (_____) _____

Email: _____

Note: By providing your e-mail you will automatically be signed up for our free loyalty program. You may opt out at any time.

Occupation: _____

Emergency Contact: _____ (_____) _____

How did you hear about us: _____ Referred by: _____

All appointments will be confirmed by text message and e-mail.
A 24 hour notice is requested for any rescheduling or cancellations.
For liability reasons, and for their safely, children are *not allowed* in the salon area unless receiving a service.
Clients under the age of 17 must have a parent or legal guardian present during any salon or spa service.

What are your main concerns with your skin today?

- ○ Brighter Skin / Even Skin Tone
- ○ Clear Congestion / Clogged Pores
- ○ Hydrated Skin
- ○ Reduced Oil
- ○ Smoother Skin
- ○ Treat Acne / Breakout
- ○ Other _____

What would you like to improve?

- ○ Blackheads/Whiteheads
- ○ Breakouts / Acne
- ○ Chapped Lips
- ○ Dark Circles
- ○ Dehydrated
- ○ Dull / Dry Skin
- ○ Excessive Oil/ Shine
- ○ Hyperpigmentation
- ○ Psoriasis
- ○ Puffy Eyes
- ○ Redness / Ruddiness
- ○ Rosacea
- ○ Sagging Skin
- ○ Sun Damage
- ○ Sun Spot / Liver Spot
- ○ Uneven Skin Tone
- ○ Wrinkles / Fine Lines
- ○ Other: _____

What at home skin care steps do you do regularly?

- ○ Cleanse AM / PM
- ○ Tone
- ○ Exfoliate How often: _____
- ○ Masque
- ○ Eye Cream
- ○ Serum
- ○ Moisturizer AM
- ○ Moisturizer w/ SPF
- ○ Moisturizer PM

Yes No Have you ever had a facial before? If yes, how often? _____

Yes No Have you had a massage before? If yes, how often? _____

If yes, what was your favorite part? _____

Yes No Have you ever had a chemical peel, laser, or microdermabrasion? In the last six months? Yes No

Yes No Have you waxed, used a depilatory cream, or had electrolysis in the past week?

Yes No Have you had Botox, Restylane, or Collagen injections within the last year? If so, when? _____

Yes No Have you been under the care of physician or dermatologist within the past year?

If yes, why? _____

Yes No Have you had any recent surgeries (including plastic surgery)?

If yes, why? _____

Yes No Do you smoke?

Yes No Do you tan in a tanning bed?

Have you ever had an allergic reaction to any of the following?

- o Dairy / Lactic Acid
- o Fragrance
- o Gluten
- o Latex
- o Nuts
- o Paprika
- o Soy
- o Sunscreen
- o Other: _____

Have you had any of the following health concerns?

- o Arthritis
- o Asthma
- o Blood Clotting Abnormalities
- o Cancer
- o Claustrophobia
- o Diabetes
- o Eczema
- o Epilepsy
- o Fever Blisters / Cold Sores
- o Hepatitis
- o Herpes
- o High / Low Blood Pressure
- o HIV / AIDS
- o Hormone Replacement Therapy
- o Hysterectomy
- o Immune Disorders
- o Insomnia
- o Menopause
- o Poor Circulation
- o Psoriasis
- o Skin Lesions / Diseases
- o Spinal Injuries
- o Other: _____

Have you ever used and/or are currently using the following:

- o Accutane (Acne medication)
- o Adapalene (Acne medication)
- o Alustra, Avita, Renova, or Tretinoin (Generic Retin A)
- o Retin A (Acne and Anti-aging medication)
- o Differin (Acne medication)
- o Isotretinoin (Generic Accutane)
- o Avage, Tazarotene, or Tazarac (Acne medication)

WARNING: If you are currently using any of the above prescription medications, you cannot receive a waxing service. You must discontinue use of these medications for a **minimum of three months** prior to waxing. The exception is Accutane; you must be off this medication a **minimum of one year** prior to waxing.

CAUTION: If you are currently using any of the following, please inform your technician. These products can make the skin more sensitive. Thin, sensitive skin is more vulnerable to lifting and sensitivity during waxing.

- o Alpha Hydroxy Acids (Glycolic, Lactic)
- o Oral Antibiotics
- o Retinol (Vitamin A)
- o Salicylic Acid
- o Other Acne medications not listed
- o Topical Antibiotics

PRECAUTIONS & CONSIDERATIONS:

- You must wait *a minimum of seven (7) days* before waxing after a light chemical peel or microdermabrasion.
- Waxing cannot be performed if you have had laser skin resurfacing within the past year.
- Waxing cannot be performed if you have had a physician administered peel within the past two (2) years.
- Sunburned, irritated areas, cold sores, and moles cannot be waxed.
- Due to water retention and for your own comfort, you should avoid genital hair removal two days before your cycle to two days after it is completed.
- Please note that waxing can have certain side effects such as skin removal, redness, swelling, tenderness, etc

Follow us at @mysticalsalonspa on Facebook and Instagram to receive our promotions and specials.

I, _____ verify that I understand and agree to the following terms and conditions for receiving salon services at Mystical Salon Spa.

Spa Service Release

_____ I understand and have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. I am aware that it is my responsibility to inform the esthetician of my current medical or health conditions and to update this history. The treatments I receive here are voluntary and I release Mystical Salon Spa and my esthetician from liability and assume full responsibility thereof. I do not hold my service provider responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

_____ I understand that the service provider does not diagnose illness, disease, or any physical or mental disorder, nor do they prescribe medical treatment, or pharmaceuticals. I acknowledge that spa services are not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary Health Care provider for that service. I have stated all medical conditions that I am aware of, and will update the service provider of any changes in my health status.

_____ While Eminence Organics Skincare is recommended to achieve the best possible results, I do understand that not all organic skincare treatments will have the same results on every client, therefore no guarantee can be given. I understand that to achieve maximum results I may need a series of treatments. I understand that my best results will come from following the esthetician's treatment plan and home care recommendations.

Waxing Service Release

_____ I understand and have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have asked any questions I have prior to service. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from waxing treatments received.

_____ I am aware that it is my responsibility to inform the service provider of my current medical or health conditions and to update this history. I have given an accurate account of the questions asked above including all known allergies and/or medications I am currently ingesting or using topically. I am willing to follow recommendations made by my service provider for a home care regimen that can minimize or eliminate possible negative reactions. In the event I may have additional questions or concerns regarding my treatment or suggested home care product or post-treatment care, I will consult the salon immediately.

_____ I give permission to my service provider to perform the waxing procedure we have discussed. I understand that while my service provider will take every precaution to minimize or eliminate negative reactions some may occur and will hold Mystical Salon Spa and its staff harmless from any side effect or injury that may result from this treatment. The treatments I receive here are voluntary and I release Mystical Salon Spa and my service provider from liability and assume full responsibility thereof.

Salon Policies Acknowledgement

_____ I understand that the stylists are on a level system and the service prices listed are a starting price.

_____ I understand that children are not allowed in the salon or spa unless they are receiving a service. I acknowledge this is due to liability and safety issues, and to ensure a relaxing experience for all salon and spa guests.

_____ I have read and understand the Mystical Salon Spa's cancellation policy. I am aware I will receive a courtesy call after my first missed appointment. After my second appointment I will be reminded of the No Show policy and my account will be noted. After my third No Snow I acknowledge I will be placed on a strictly walk in service basis, and will not be guaranteed my appointment.

_____ I have read and understand the Mystical Salon Spa's late policy. I am aware that for the salon and spa to run on schedule and to create the best possible experience for all guests if I arrive more than ten minutes late to my appointment I will be marked as a 'No Show' and part or all of my service may need to be rescheduled.

_____ I consent to photographs being taken of my service for use inside Mystical Salon Spa.

_____ I consent to photographs of my service being shared on social media on both the main Mystical Salon Spa and on my service provider's business page.

_____ I understand that all employees of Mystical Salon Spa are licensed professionals, and that by law they have the right to refuse service on any client at any time, if they feel as though their well-being is compromised.

Client Name (Printed) _____

Client Name (Signature) _____ Date_____

Clients under the age of 17 must have a parent or legal guardian present during each service.

As the parent or legal guardian of _____ (minor's name), I give permission for her/him to receive spa services at Mystical Salon Spa. I confirm that I have read and understand all information on the applicable forms for this treatment or service, and accept responsibility on my child's behalf for any disclosures or liability described on those forms. I agree to supervise any home care procedures that are recommended as result of the treatment.

Client Name (Printed) _____

Client Name (Signature) _____ Date_____