Manicure/Pedicure Consultation

Client Name _____Date: _____
Last First

If under 18, please provide your age. _____

CHECK ANY THAT APPLY TO YOU

__ Arthritis __ High Blood Pressure __ Diabetes
__ Cancer __ Infectious Disease
__ Pregnancy __ Allergies (plants, trees, salt, sugar)
__ Any other medical condition not mentioned that could interfere with the treatments you are about to receive

Please describe all allergies and above items checked: _____

_____

Please list any medication you are taking_____

I confirm (to the best of my knowledge) that the information I have provided is accurate and complete. I have not withheld any information that may be relevant to my treatment and/or the results thereof. I am aware that there are often inherent risks associated with skin care services including manicures and pedicures, and that the services I am about to receive could have unfavorable results including, but not limited to allergic reaction, irritation, burning, redness, scarring, soreness, etc. By signing below, I further agree that I will not hold Hair & Body Day Spa and Salon or its affiliates or any of its employees responsible should there be any unfavorable outcome or result.

X_____ X_____
client signature If under 18; Parent signature

****

Parent or Guardian Consent (Must be completed for clients under the age of 18)

In consideration of ("Minor")_____(print minor's name) being permitted by Hair & Body Day Spa and Salon to participate in its services including but not limited to, skin care services. I further agree to indemnify and hold harmless Hair & Body Day Spa and Salon from any and all claims which are brought by, or on behalf or Minor, and which are in any way connected with such services by Minor.

Signature of Parent or Guardian: _____

Print Name: _____ Date:_____

****