

*Touch of Class Day Spa*  
**RELEASE / CONSENT FORM**

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

\_\_\_\_\_  
First Name

*E- Mail (print clearly please)* \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Zip Code

Occupation \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Anniversary \_\_\_/\_\_\_/\_\_\_

**ARE YOU A REPEAT CLIENT**

NO \_\_\_\_\_ YES \_\_\_\_\_

**Referred by:** \_\_\_\_\_

Gift Certificate, Friend/family full name, internet, Google, Facebook

**Do you receive massage regularly** \_\_\_\_\_ **Is this your first-time receiving massage** \_\_\_\_\_

.....F A C I A L S.....

How would you like to improve your skin?  
\_\_\_\_\_

List all allergies or reactions you have had in the past?  
\_\_\_\_\_

Does your skin turn red easily? \_\_\_\_\_ You been expose to sun lately \_\_\_\_\_

Explain if you are using any kind of defoliators (Retain-a, Retinol, Glycolic acid, Dermabration,  
\_\_\_\_\_

**X any conditions that apply to you**

Do you have a pacemaker ( ) Heart conditions ( ) Epileptic ( ) Asthmatic ( ) Diabetic ( )

Cancer ( ) Sinusitis ( ) Blood thinner medication ( ) Pregnancy ( ) how many months \_\_\_\_

Any additional comments:  
\_\_\_\_\_

Are you using medication? If yes, what kind?  
\_\_\_\_\_

Touch of Class Day Spa and spa provider, hereby disclaims liability and cannot be held responsible for any adverse reaction or instances of malpractice arising from the use our services. Clients are advised to inform the spa of any relevant health conditions and to exercise due diligence in assessing their individual suitability for the treatment offered.

Signature \_\_\_\_\_ Date \_\_\_\_\_