


Touch of Class Day Spa
RELEASE FORM

Last Name First Name
E-Mail (print clearly please) _____ @ _____

Cell Phone Zip Code
Occupation _____ Birthday ____/____/____ Anniversary ____/____/____

Referred by _____
Gift Certificate, Friend family full name, internet, Ad, Google, Facebook

 Would like us to add you on Facebook? yes ___ no ___

Facebook name _____

Do you received message regularly _____ Is this your first time receiving message _____

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, etc.):

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? _____

I ACKNOWLEDGE THAT THE QUESTIONS ANSWERED ABOVE ARE TRUE AND THAT TOUCH OF CLASS DAY SPA OR ANY ESTHETICIAN CANNOT BE HELD RESPONSIBLE FOR ANY REACTION IN MY SKIN.

Signature _____ Date _____