

# Spa Consent Form

## Personal Information

Full Name

Date of Birth

Email Address

Phone Number

Address

## Medical Information

Please list any allergies

Please list any current medications

Please specify any existing medical conditions

## Consent & Acknowledgment

☐ I confirm that the information provided is correct and complete. I understand and accept the risks associated with spa treatments and release the spa and its staff from liability.

☐ I am 18 years of age or older, or have parental/guardian consent.

Signature

Date