

Spa Service Guest Consent Form

Personal Information

Full Name

Date of Birth

Email Address

Phone Number

Medical & Allergy Information

Please list any medical conditions

Please list any allergies

Are you currently taking any medications?

Service Information

Type of Service(s) to be Performed

Specific Concerns or Requests

Consent & Acknowledgement

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I confirm that the above information is accurate and complete.

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I consent to receive spa services at my own risk. I have informed the therapist about any relevant health conditions and understand the nature of the treatment.

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I release the spa and service provider from liability for any injury or adverse reaction resulting from my treatments.

Signature

Date