Date:		



CLIENT INTAKE FORM - WAXING

Name				
Date of Birth	E-mail			
Address	City	State	Zip	
Phone Number (H)		(C)		
Occupation				
Emergency Contact	Emergency Phone Number			
Regimen				
What products are you currently	y using?			
, ,	prescription products? Accuta		nova Adapal	ene
Do you sunbathe or use tanning	beds?		Yes	No
If yes, please specify how oft	en:			
Are you exposed to the sun on a	a daily basis or are you considerin	g spending more tim	ne in the sun soor	ış
			Yes	_ No
Are you diabetic?			Yes	No
Are you currently taking any me	edications? If so, please list all (incl	uding over-the-count	er drugs and herb	oal supplements):
Have you ever been treated for	cancer? If yes, when and what typ	pes of therapies were	used?	
Please list any other illness/cond	dition you are currently being treat	ed for bya a medico	ıl professional?	

Females Only: When is your next menstural cycle due to begin? __

(Always allow five days for menstrual cycle. Because of water retention and for your own personal comfort, you should avoid hair removal two days before your cycle is due and two days after it is completed.)

Waiver and Release

Please note that waxing does have certain side effects such as skin removal, redness, swelling, tenderness, etc.		
release, indemnify, hold harmless and forever disch "Spa" and its agents, employees, officers, directors, claims, demands, debts, contracts, expenses, causes whether known or unknown, in law or equity, that I ex being provided to me by the Spa provided that this	nt name), hereafter referred to as "Customer" does hereby waive and arge The Spa at Rhythm City Casino Resort, hereafter referred to as affiliates, successors, members, and assigns, of and from any and all of action, lawsuits, damages and liabilities, of every kind and nature, wer had or may have, arising from or in any way related to the services waiver of liability does not apply to any acts of gross negligence, or es may include, but are not limited to, massage, pedicures, manicures, texture changes, permanents, as well as hair cutting.	
By this Waiver, I assume any risk, and take full responsersonal property associated with or unsatisfactory re	ensibility and waive any claims of personal injury, death or damage to sults from the said services being provided to me.	
oral agreements concerning the subject matter of this	ent between the Spa and myself, and supersedes any prior written or Waiver and Release. The provisions of this Waiver and Release may be a part, only upon the prior written consent of the Spa and myself.	
The provision of this Waiver and Release will continue provided to me, whether by agreement, by operation	e in full force and effect even after the termination of the services being of law, or otherwise.	
Waiver and Release, I have given up considerable fu no duress or threat of duress, without inducement, pro	f this Waiver and Release. I understand and confirm that by signing this ture legal rights. I have signed this Agreement freely, voluntarily, under mise or guarantee being communicated to me. My signature is proof of Waiver and Release of all liability to the full extent of the law.	
willing to follow recommendations made by my esthe	n to minimize or eliminate negative reactions as much as possible. I am tician for a home care regimen that can minimize or eliminate possible ional questions or concerns regarding my treatment or suggested home in immediately.	
Signature	Date	