Body Wrap Consultation Form

List of **ALL** allergies:

List **ALL** medications you are currently taking:

Are you pregnant? Trying to get pregnant? Are you nursing? \_\_\_\_\_\_\_\_ Claustrophobic? \_\_\_\_\_

Allergy to shellfish or seafood: Yes or No Allergy to Iodine : Yes or No History of high blood pressure : Yes or No

DISCLAIMER OF LIABILITY WHERE PROHIBITED BY LAW. I AGREE THAT HAUTÍGO SPA, KPLOGIC LLC. AND EACH OF THEIR RESPECTIVE EMPLOYEES, OFFICERS, DIRECTORS, SHAREHOLDERS, MEMBERS, PARTNERS, AND AGENTS WILL NOT BE LIABLE FOR ANY ACCIDENT OR INJURY INCLUDING WITHOUT LIMITATION, PERSONAL, BODILY, OR MENTAL INJURY, ECONOMIC LOSS OR ANY DAMAGES TO ME, WHETHER RESULTING FROM NEGLIGENCE OR OTHERWISE RESULTING FROM MY PARTICIPATION IN ANY SERVICES OR PRODUCTS.

**RELEASE -** In exchange for this service and other good and valuable consideration. I and each of my heirs, executors, administrators, agents, and assigns, hereby release Skincare/Massage Therapist, HAUTÍGO SPA, KPLOGIC LLC, and each of their respective employees, officers, directors, shareholders, members, partners and agents, in their corporate and individual capacities, from any and all claims, demands, losses or causes of action that may have accrued as a result of my participation in any product or service provided to me and/or as a result of my use of the HAUTIGO facility.

Disclosures

Today’s Date: Name: Age: DOB:

Address: City: State: Zip:

Cell Phone: Home Phone: Work Phone:

Email Address (for birthday discount & other promotions):

How did you hear about us? (If referral, by whom?):

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Guest Name (Please Print) Guest Signature Date

For guests under the age of 18, a parent or gaurdian will be responsible for reading, acknowledging and signing this Consent and Release for their child. No services will be performed on anyone under the age on 10 unless discussed with management.

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Parent or Gaurdian Name (Please Print) Parent or Gaurdian Signature Date