



# á r m a n i

DAY SPA

## Client Consent & Info Form

Client Full name : \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like to receive promotional information? YES or NO

Have you had any of the below health concerns in the past or presently?



Cancer

Diabetes

Heart problems

Haemophilia

Asthma

Sinus

Fluid Retention

Thyroid Disorder

Metal Pins/Plates

Live Disorder

Eating Disorder

Definite Pregnancy

Breastfeeding

Hormone Imbalance

Epilepsy

Varicose Veins

High Blood Pressure

Low Blood Pressure

Headaches

Arthritis

Kidney Disorder

Claustrophobia

Bruise Easily

Depression

Spinal Disorder: (Location) \_\_\_\_\_

Allergies: ( Skin Products/Food) \_\_\_\_\_

### INDEMNITY AGREEMENT

This agreement is made between Armani Day Spa (the Company) and the customer.

The customer hereby confirms the he/she recognize and acknowledge that all statements made and/or information given by the company are provided in good faith and shall be construed as in any way affecting or waiving this agreement.

The Customer hereby agrees that any claims that may arise in respect of any injury and/ or loss/ or damages occasioned to the customer and arising in connection with the services or facilities provided by the company shall be governed by the law of the republic of South Africa.

The Customer hereby agrees to adhere to all the Companies Spa Policies set out in the Spa Policy

Right of admission reserved. I have read and accept the above conditions.

Signature:

Name:



### TREATMENT INFORMATION

Treatment time: \_\_\_\_\_

Please select your Massage Pressure ( HARD / MEDIUM / SOFT)

Treatment chosen: \_\_\_\_\_

Therapist: \_\_\_\_\_

### **Signature**

Client signature: \_\_\_\_\_

Staff member signature: \_\_\_\_\_

Business location address: \_\_\_\_\_

Date: \_\_\_\_\_