

BODY TREATMENT

INFORMED CONSENT FORM

NAME:

DATE:

TREATMENT(S) RECEIVING TODAY:

Have you used Accutane or other oral or topical skin medications in the past 12 months?

Accutane and other similar medications can make the skin hypersensitive and can interfere with the skin's ability to adapt to heat and exfoliation. yes / no If yes, please describe: _____

Have you received any chemical peels (TCA, ALA, PHENOL, etc.) in the past thirty days?

yes / no If yes, when: _____

Have you ever suffered from claustrophobia? yes / no

Do you have any allergies or sensitivities including foods, iodine (found in seaweed, for example), environmental scents, etc? yes / no If yes, please describe: _____

Do you have any contraindications to heat, such as hypertension or vascular diseases? yes / no

Do you have any cuts or scrapes, and/or did you shave today? yes / no If yes, please describe: _____

In consideration for receiving services at milk + honey, I hereby promise not to sue and release, waive, and discharge Spa Partisan, Inc. – its officers, agents, servants, employees and other business entities owned, operated or controlled, either in whole or in part, by Spa Partisan Inc. – from any and all liability, claims, demands, actions, and causes of action related to any loss, damage, or injury that may be sustained by me or property belonging to me, whether caused by negligence or otherwise, while participating in such activity or while on milk + honey premises. I am fully aware of the risks involved and hazards connected with spa and salon treatments, and I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, that may be sustained by me, or any loss or damage to property owned by me as a result of being engaged in such an activity, whether caused by negligence or otherwise. I understand the massage/body work I receive is for the purpose of relaxation and relief of muscular tension. I understand that I will be properly draped for the duration of the massage. If I experience any pain or discomfort during the session, I (1) will immediately inform my practitioner and (2) may request that the session end. The type of massage techniques that I will receive may include the following: effleurage, petrissage, tapotement, compression, vibration, stretching, and/or range of motion movements. I may request that my therapist not perform massage on the gluteus maximus muscle (buttocks), the abdomen, and/or any area that is contraindicated or that I wish to avoid. I understand that milk + honey therapists do not perform breast massage, but all muscles in the extremities, torso, head, scalp, and neck may be treated.

CLIENT SIGNATURE: _____

DATE: _____

OR SIGNATURE OF PARENT OR GUARDIAN IF CLIENT IS UNDER 17 YEARS OF AGE.

THERAPIST SIGNATURE: _____

DATE: _____

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