

Morgan Ford Spas – Service Agreement and Release of Liability

Name: _____ Address: _____

Phone: _____ City, State Zip: _____

E-mail: _____ Date of Birth: _____ Profession: _____

Preferred Method(s) of Contact for Appointment Reminders: Email Text Message

If preferred method is by text, Cell Phone Number: _____ Carrier: _____

Emergency Contact Name & Phone: _____

How did you hear about us? _____

Please check all that apply and mark past conditions with a "P". Explain any box marked below.

- Allergies Asthma Back/hip pain Blood Clots Broken bone Rheumatoid arthritis
- Carpal tunnel Diabetes Disc problems Dizziness Contact Lenses Contagious disease
- Depression Eczema Headaches Fainting Heart condition Eyelash Extensions
- Fibromyalgia Fever Osteoporosis Hernia Herpes/Shingles High Blood pressure
- Inflammation Paralysis Pacemaker Pregnant Neck problems Joint Replacement
- Recent surgery Stroke Sprains/strains Psoriasis Pins in Bones Muscular Dystrophy
- Spinal problems Cancer Tendonitis Sleep disorders Numbness/tingling
- Varicose veins TMJ, jaw pain Spasms/cramps Parkinson's Disease

Details of any condition that would affect your service:

Are you currently pregnant? Yes No If yes, how many weeks? _____

Are you currently under a doctor's care for any skin condition (describe)? _____

List current medications which may cause skin sensitivity or loss of feeling: _____

Have you ever had an allergic reaction to any skin care product or treatment (describe)? _____

Are you currently taking or have you taken Accutane or Rentin-A in the past 6 months? Yes No

Should your therapist avoid any of the following areas? Scalp/Hair Ears Pectorals Neck Hand/Arm

Feet Gluteals Stomach/Abs Other: _____

Are you seeing a chiropractor, physical therapist or physician for an ongoing physical injury? Yes No

Have you received massage therapy before? Yes No If yes, when was your last session? _____

How often would you like to receive massage therapy? _____

Desired massage pressure: Light Firm Deep

All Spa Services

Massage

Have you received a facial before? Yes No If yes, when was your last session? _____

How often would you like to receive a facial/spa treatment? _____

Desired pressure for massage portion of facial/body treatment: Light Medium Firm

What product are you currently using to: Cleanse? _____ Moisturize? _____

Are you using a facial toner? Yes No Are you using a daily sunscreen? Yes No SPF? _____

Is your skin: More Dry More Oily Combination

What areas of concern do you have (check all that apply):

- SKIN: Dryness/Flakiness Excessive Oil/Shine Acne/Breakouts Blackheads/Whiteheads
 Sun/brown Spots Redness Wrinkles/Fine Lines Broken Capillaries/Rosacea
- EYES: Dark Circles Wrinkles Puffiness
- LIPS: Dehydrated/cracked/chapped

You understand that the services you receive from Morgan Ford Massage & Spa are provided for the basic purpose of relaxation, skin care or beauty services. Modesty draping will be utilized in all services. For massage and body treatments, all body parts will be addressed, except for genital and breast areas, unless otherwise requested. It is your responsibility to inform your service provider about any pre-existing conditions, limitations or specific sensitivities, and to inform your therapist immediately if you feel any discomfort during your service.

You also understand that any illicit or sexually suggestive remarks or advances made by you will result in immediate termination of the session, and you will be liable for payment of the scheduled appointment. We reserve the right to deny or discontinue services at any time for any reason. You agree to follow all spa rules and regulations.

Because services should not be performed under certain medical conditions, you affirm that you have stated all of your known medical conditions, and answered all questions honestly. You agree to keep the service provider updated as to any changes in your medical profile and understand that there shall be no liability on the provider's part or the part of the spa should you fail to do so.

_____ (Initial) **Cancellation Policy:** You may cancel an appointment with no charge any time before the close of business on the business day preceding your appointment. Same day cancellations will be charged 50% of the scheduled service price if cancelled at least one hour prior to appointment time, unless the appointment is filled by another client. If you cancel within one hour of your scheduled appointment time or do not show up for your appointment, you will be charged full price for the scheduled service.

By signing below, I authorize Morgan Ford Massage Therapy, LLC, to charge the credit/debit account I have provided or paid with in the past for any late cancellation charges. Additionally, I authorize Morgan Ford Massage Therapy, LLC to charge my credit card on file in lieu of presenting it for any services received.

YOU UNDERSTAND AND VOLUNTARILY ACCEPT ANY RISKS ASSOCIATED WITH YOUR SERVICES AND YOUR USE OF SPA FACILITIES. MORGAN FORD MASSAGE THERAPY, LLC, NOR THE SERVICE PROVIDER WILL BE LIABLE FOR ANY INJURY OR DAMAGE, INCLUDING WITHOUT LIMITATION, PERSONAL, BODILY OR MENTAL INJURY, ECONOMIC LOSS, OR ANY OTHER DAMAGE TO YOU, YOUR SPOUSE, GUEST, UNBORN CHILD, OR OTHERS RESULTING FROM THE NEGLIGENCE OR OTHER ACTS OF MORGAN FORD MASSAGE THERAPY, LLC, OR ANYONE ACTING ON BEHALF THEREOF.

By signing below, you agree that you have read this liability release and agree to all the terms and conditions herein.

Signature: _____ Date: _____

Morgan Ford Spas are committed to providing the utmost professional service to your complete satisfaction. If you are dissatisfied at any time, promptly notify your service provider, our guest services staff, or a member of the management.