

aSPAthecery, LLC CLIENT REGISTRATION

Please print the following information:

Name: _____ Referred by: _____

Address: _____ Birthday (Month/Day): _____

Email: _____ Cell (appt confirmation): _____

By entering my email address above, I acknowledge consent to be included on aSPAthecery's email list. I agree to emails about promotions, offers, and upcoming events. aSPAthecery, LLC does not sell or distribute their email list. You may opt out at any time by requesting removal from the list at aspathecerysalon@gmail.com.

Please read carefully and sign the following Waiver of Liability and questionnaire so that we may better accommodate your needs during your visit.

By signing this Waiver and Release, I expressly agree to the following:

1. I hereby acknowledge and agree that aSPAthecery, LLC (herein, "the salon") offers a variety of salon and spa treatments to guests solely at their own risk. Furthermore, I understand that the salon reserves the right to exclude any person from participating in any treatment or service at the salon for any reason whatsoever.
2. I further acknowledge and agree that use of the salon facilities and participation in salon and spa treatments may involve a degree of risk and at times may be hazardous to my health. I expressly agree to assume all risks associated therewith and agree to forever waive any and all claims and legal rights which I may have whatsoever to the extent permitted by law, in connection with my participation in any salon or spa treatment or service.
3. I understand that reflexology is not a substitute for medical examination or diagnosis and it is recommended that I see a physician for any physical ailment that I might have. It is my responsibility to make the reflexologist aware of existing physical conditions each and every time I visit aSPAthecery, LLC.
4. Skin - I confirm that the information given is correct and that I have not withheld anything that may be relevant to my skincare treatment.
5. Wax - There are some contraindications to waxing that will be discussed with the scheduled Esthetician prior to waxing services performed. I do not hold aSPAthecery, LLC liable for any skin irritations, skin sensitivity, or bruising that may occur, and that I have not withheld any information that may be relevant to the waxing service performed.
6. If I am executing this release of liability and waiver of rights on behalf of a minor, I warrant and represent that I am the minor's parent or legal guardian. If a minor, the parent executes the release of liability and waiver of rights. I represent that I am the minor's parent or legal guardian.

Do you have any of the following conditions?

Diabetes Yes No High blood pressure Yes No

Heart conditions Yes No Allergies (circle): Seafood/Shellfish/Seaweed/Nuts. Yes No

Other allergies: _____

Sensitivities (i.e., scrub, smells/scents, temperature, pressure): Yes No

If so, please specify: _____

Skin disease Yes No Fungal infection (Hand/Feet) Yes No

Physical injuries Yes No

If so, please specify: _____

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

I have carefully read the following Release of Liability and Waiver of Rights, understand its contents, and sign it with full knowledge of its significance. I am at least 18 years of age, or I am signing for someone who is under 18 years of age as their parent/legal guardian.

Signature of Client/Parent/Legal Guardian

Date

CANCELLATION POLICY: We have reserved time and space especially for you and require 24 hours cancellation notice for all appointments. If less than the required notice is given, we will charge a cancellation fee of \$10.00 for services under \$50 and \$15.00 fee for services over \$50 to your account. If you no-show any appointment we will charge your account half of the booked service. We do send text message confirmations two days prior to your appointment and ask you do confirm your appointment via text. If you do need to cancel or reschedule, you can call us at 215-538-0555, YOU CANNOT TEXT BACK TO THE NUMBER THAT SENT THE TEXT. For Lasio keratin treatments and appointments longer than 3 hours, we do require a deposit of 25% of your service at the time of your consultation. This deposit will be deducted from your service total at time of actual appointment. If you cancel your appointment in less than 24 hours or no-show your appointment you forfeit your deposit.