

WAIVER & RELEASE¹

Name of Client: _____

I acknowledge that I am reading this Waiver and Release for comprehension, and that my signature below in the presence of a witness constitutes both understanding and acceptance of the terms of this Agreement, and that it is legally binding upon me.

I acknowledge that I have voluntarily agreed to participate in the on campus internship program associated with the Humber Spa Management Program, which is part of the learning experience for students enrolled in the program. I understand that I will be subject to direction from a student as part of this learning experience with respect to the services provided.

In return for and in consideration for my participation in this program, I accept the following terms and conditions, including the release and waiver of liability, on my own behalf and on behalf of my executors, heirs, assigns or representatives of any kind.

I am aware of, and accept, the inherent risks associated with this participation and recognize that such risks cannot be eliminated without fundamentally altering the essential character and purpose of the activity.

I certify that I do not have any medical condition, whether physical or mental, which would interfere with or adversely affect my physical or mental health or safety as a result of my participation.

I have read for comprehension and have honestly answered all questions on the client profile.

I understand that as part of the spa management experience, my personal health related information may be shared with faculty directing the student as part of the educational experience in this program.

Humber Institute of Technology & Advanced Learning, its officers, directors, governors, employees, students, contractors and agents (the "College") shall not be held responsible for any personal injury, illness or death, or property damage I may suffer as a result of my participation in this program whether directly or indirectly, and I hereby release and discharge the College from all actions, claims or demands for damages resulting from my participation in this program.

I have read and understand the above agreement, acknowledged by my signature below, and that there are no oral or written qualifications to the terms of this agreement.

Client Signature & Date

Witness Signature & Date

¹This information will be stored within a secure facility with the School of Business for a period of two (2) years.

CLIENT PROFILE

It is important to answer all questions fully and adequately to ensure you receive treatments suitable for your skin and health.

First Name: _____ Last Name: _____

Date: _____

Address: _____

City: _____ Province: _____

Phone Number: _____ Alternate Phone Number: _____

E-mail Address: _____

Birthday: _____

How did you hear about the Humber Spa? _____

What is the reason for your visit today? _____

HEALTH HISTORY

1. Within the last year, have you been under the care of a physician or dermatologist? Yes No

2. Within the last year, have you undergone any surgery or aesthetic surgeries? Yes No

If yes, please specify: _____

3. Within the last 5 years, have you undergone any radiotherapy or chemotherapy? Yes No

If yes, please specify: _____

4. List any medications, supplements, vitamins etc that you take regularly.

5. Have you ever had a cosmetics reaction? Yes No

If yes, please specify: _____

6. Do you have any known allergies? Yes No

If yes, please specify: _____

6. Are you pregnant? Yes No 9. Are you menopausal? Yes No

7. Are you epileptic? Yes No 10. Do you visit tanning salons? Yes No

8. Do you smoke? Yes No 11. Do you wear contact lenses? Yes No

12. Do you have any metal implants, a pacemaker or body piercings? Yes No

13. Rate your level of stress on a scale of 1 to 4 (1= low stress, 4=high stress) _____

14. Have you experienced any of the following conditions?

- | | | | |
|-------------------------|--|----------------------|--|
| Heart problems | Yes <input type="radio"/> No <input type="radio"/> | Circulation problems | Yes <input type="radio"/> No <input type="radio"/> |
| Diabetes | Yes <input type="radio"/> No <input type="radio"/> | Dizziness /Vertigo | Yes <input type="radio"/> No <input type="radio"/> |
| High/low blood pressure | Yes <input type="radio"/> No <input type="radio"/> | Vascular disorders | Yes <input type="radio"/> No <input type="radio"/> |
| Asthma | Yes <input type="radio"/> No <input type="radio"/> | Eczema | Yes <input type="radio"/> No <input type="radio"/> |
| Haemophilia | Yes <input type="radio"/> No <input type="radio"/> | Psoriasis | Yes <input type="radio"/> No <input type="radio"/> |
| Varicose veins | Yes <input type="radio"/> No <input type="radio"/> | H.I.V. | Yes <input type="radio"/> No <input type="radio"/> |
| Hepatitis B | Yes <input type="radio"/> No <input type="radio"/> | Herpes | Yes <input type="radio"/> No <input type="radio"/> |
| Hepatitis C | Yes <input type="radio"/> No <input type="radio"/> | Claustrophobia | Yes <input type="radio"/> No <input type="radio"/> |
| Thyroid | Yes <input type="radio"/> No <input type="radio"/> | Edema (swelling) | Yes <input type="radio"/> No <input type="radio"/> |

Other, please specify: _____

SKIN CONDITION

15. Do you have any special skin problems pertaining to the face or body? Yes No
If yes, please specify: _____
16. What skin care products are you currently using?
Face: soap cleanser toner moisturizer masque exfoliator eye
Body: soap shower gel scrubs oil moisturizer depilatory self- tanners
17. Do you ever experience these conditions on your skin?
Flakiness tightness obvious dryness
18. Do you burn easily in sunlight? Yes No
19. Do you have a tendency to redness? Yes No
20. Do you have Rosacea? Yes No
21. So you have concerns with uneven skin tone? Yes No
22. What SPF do you use on your face? _____ body? _____
23. Do you ever experience oily shine during the day? Yes No
24. Do you experience breakouts? Yes No

EXFOLIATION HISTORY

25. Have you ever had chemical peels, microdermabrasion or any resurfacing treatments? Yes No
If yes, please specify: _____
26. Do you use Accutane, Retin A or any other prescription products? Yes No
27. Are you currently using any of the following exfoliation products?
Glycolic acid Lactic acid Scrubs
Salicylic acid Vitamin A derivatives (i.e. retinol)
28. Do you have metal implants/pace maker or body piercings? Yes No

I confirm (to the best of my knowledge) that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment

Client Signature & Date

This consultation care is to correctly evaluate your special skin care needs. This information is confidential and may be disclosed only to staff members.