HUMBER
Faculty of Business

Waiver and Release Form

Name of Client: _____

I acknowledge that I am reading this Waiver and Release Form 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 College, which is part of the learning outcomes for students enrolled in the program. I understand that I will be subject to direction from a student as part of their 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 am aware that Humber is maintaining a COVID-19 Vaccination Policy for the Winter Semester; and as a result face masks are required at all times while in the spa; with the exception of when receiving services that require the removal of the mask, or for those with an exemption.

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

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

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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: _____ Postal Code: _____
Home Phone Number: _____ Work Phone Number: _____ Ext _____
E-mail Address*: _____
Emails are used for the purpose of confirming all appointments
Birthday:_____Occupation: _____
How did you hear about the Humber Spa? _____
Referred by: _____
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. Do you have any known allergies? □ Yes □ No
   If yes, please specify _____
6. Are you pregnant? □ Yes □ No
7. Do you wear contact lenses? □ Yes □ No
8. Do you have any metal implants, a pacemaker or body piercings? □ Yes □ No
9. Have you experienced any of the following conditions?

Heart problems □ Yes □ No
Diabetes □ Yes □ No
High/low blood pressure □ Yes □ No
Asthma □ Yes □ No
Hemophilia □ Yes □ No
Varicose veins □ Yes □ No
Hepatitis B □ Yes □ No
Hepatitis C □ Yes □ No
Thyroid □ Yes □ No
Epilepsy □ Yes □ No

Circulation problems □ Yes □ No
Dizziness/Vertigo □ Yes □ No
Vascular disorders □ Yes □ No
Eczema □ Yes □ No
Psoriasis □ Yes □ No
H.I.V. □ Yes □ No
Herpes □ Yes □ No
Claustrophobia □ Yes □ No
Edema (swelling) □ Yes □ No
Autoimmune disorders □ Yes □ No

Other, please specify _____

_____ _____
Client Signature Date