

WAIVER & RELEASE<sup>1</sup>

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

<sup>1</sup>This 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

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**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.

## SKIN TYPE WORKSHEET

	0	1	2	3	4	TOTAL
Eye Colour	Light Blue / Gray / Green	Blue / Grey Green	Blue	Dark Brown	Brownish Black	
Natural Hair Colour	Sandy Red	Blond	Chestnut Dark Blond	Dark Brown	Black	
Natural Skin Colour	Reddish	Very Pale	Pale With Beige Tint	Light Brown	Dark Brown	
Freckles	Many	Several	Few	Incidental	None	
Too Long in Sun	Painful Redness Blister/Peels	Blistering The Peel	Burns Some Then Peel	Rarely Burns	Never Burns	
Degree of Turning Brown	Hardly or Not at All	Light Colour Tan	Reasonable Tan	Tans Easily	Turn Dark Brown Very Quickly	
Turn Brown Hours After Exposure	Never	Seldom	Sometimes	Often	Always	
Face Response to Sun	Very Sensitive	Sensitive	Normal	Very Resistant	Never a Problem	
Last Exposure to Tanning/Tan Creams	3 Months Ago	2-3 Months Ago	1-2 Months Ago	Less than 1 Month Ago	Less Than 2 Weeks Ago	
Sun Exposure to Treatment Area	Never	Hardly Ever	Sometimes	Sometimes	Always	

TOTAL: \_\_\_\_\_

### SCORE

0-7

8-16

17-25

26-30

OVER 30

### FITZPATRICK SCALE

1

2

3

4

5-6