

# Consultation Form

GUEST NAME (MRS, MR, MISS, MS, OTHER) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE (DAY & MONTH) \_\_\_\_\_

## Medical Information

If you have any health condition (whether or not listed below) we recommend that you proceed only with your doctor's approval.

Heart Condition/Strokes  
Cancer/Chemotherapy  
High/Low Blood Pressure  
Diabetes (Type 1 or 2)  
Epilepsy  
Hepatitis  
Kidney/Liver disorders  
Thyroid Problems  
Poor Circulation  
Sclerotherapy  
Lodine/Shellfish Sensitivities  
Botox/Restylane

Recent Operations  
Pregnancy/IVF/Breat Feeding  
Depression/Anxiety  
Water Retention/Oedema  
Claustrophobia  
Joint Problems/Hypermobility  
Muscular Pain  
Asthma  
Varicose Veins/DVT  
Fillers/Collagen  
Use of AHA's/Retinol  
Retin A/Roaccutane

Food/Nut Allergies  
Product Allergies  
Skin Sensitivity/Allergies  
Sunburn  
Hormonal Imbalance  
Acne/Rosacea  
Psoriasis/Eczema  
Recent Cosmetic Surgery  
Thrombosis  
Foot Infections  
Contact Lenses  
Microdermabrasion/Chemical Peels

Is there anything else you think we should know regarding your health that would affect or prevent you from having the treatment?

Are you taking any or homeopathic supplements?

\_\_\_\_\_

\_\_\_\_\_



# Visit

Please indicate any changes to the medical information already identified on your previous visits:

Any medication changes? Please specify. Yes No \_\_\_\_\_

DATE \_\_\_\_\_

GUEST SIGNATURE \_\_\_\_\_

## For Therapist Use Only

THERAPIST \_\_\_\_\_

DATE \_\_\_\_\_

TREATMENT \_\_\_\_\_

FACE BODY

TREATMENT NOTES \_\_\_\_\_

PRODUCTS RECOMMENDED \_\_\_\_\_

SKIN TYPE:

DRY OILY/COMBINATION NORMAL SENSITIVE MATURING

Notes:

# Facial

Describe your skincare routine: \_\_\_\_\_

Do you have specific concerns you would like to address? \_\_\_\_\_

## Skin Surface:

DEHYDRATED   SHINY   BLEMISHES   MILIA   OPEN PORES  
OILY T-ZONE   REDNESS   BLACKHEADS    ACNE   DRY

## Skin Specific:

WRINKLES   FINE LINES   LACK OF FIRMNESS   CROW'S FEET  
SUN-DAMAGE   PIGMENTATION

# Body

Describe your body care routine: \_\_\_\_\_

Do you have specific concerns you would like to address? \_\_\_\_\_

## Skin Surface:

DRY   FLAKY   OILY BACK   REDNESS   IRRITATED  
OTHER \_\_\_\_\_

## Skin Specific:

LOOSE SKIN   CELLULITE   FATTY DEPOSITS   ACHES & PAINS  
IRRITATED   OTHER \_\_\_\_\_

## Areas:

BACK OF ARMS   HIPS   THIGHS   BUTTOCKS  
ABDOMEN   OTHER \_\_\_\_\_



Any areas you would prefer not to be worked on?

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### For Therapist Use Only

THERAPIST \_\_\_\_\_

DATE \_\_\_\_\_

TREATMENT \_\_\_\_\_ FACE    BODY

TREATMENT NOTES \_\_\_\_\_ PRODUCTS RECOMMENDED \_\_\_\_\_

\_\_\_\_\_

SKIN TYPE:

DRY    OILY/COMBINATION    NORMAL    SENSITIVE    MATURING

## Second Visit

Please indicate any changes to the medical information already identified on your previous visits:

\_\_\_\_\_

Please specify any changes to your main concerns: \_\_\_\_\_

Any medication changes? Please specify. Yes    No    \_\_\_\_\_

DATE \_\_\_\_\_

GUEST SIGNATURE \_\_\_\_\_

### For Therapist Use Only

THERAPIST \_\_\_\_\_

DATE \_\_\_\_\_

TREATMENT \_\_\_\_\_ FACE    BODY

TREATMENT NOTES \_\_\_\_\_ PRODUCTS RECOMMENDED \_\_\_\_\_

\_\_\_\_\_

SKIN TYPE:

DRY    OILY/COMBINATION    NORMAL    SENSITIVE    MATURING

## Visit

Please indicate any changes to the medical information already identified on your previous visits:

\_\_\_\_\_



XXX

## Compulsory Disclaimer

I accept that the information I have given is true to the best of my knowledge and I have not withheld any information concerning my health. It is my choice to receive spa treatments, services, and products. I accept that any treatment I receive is at my own risk, other than in relation to any physical or mental harm I may suffer due to negligence, without affecting my statutory rights. The Therapist reserves the right to terminate the treatment at any time, should she feel client behavior is inappropriate. I understand that the information given above is confidential and will be used for no purpose other than to assist The Spa at Peter Island Therapists and Technicians in providing treatments, services and product recommendations which take into consideration my specific requirements and conditions. I also understand that incomplete information could result in an adverse result or reaction to treatment. Any information provided by me to The Spa at Peter Island Therapists and Technicians is for general health and wellness education purposes only and is not intended for any medical purpose.

### Waiver, Release of Liability, and Assumption of Risk

The individual named below and, in the form, above (referred to as "I" or "me") desires to enter the premises of The Spa at Peter Island (d/b/a The Spa at Peter Island) (collectively and individually the "Spa") to receive massage and/or other spa services (or to have massage and/or other spa services provided to a minor child(ren)) (the "Activity"). As lawful consideration for being permitted by the Spa to be on the premises and engage in the Activity, I agree to all the terms and conditions set forth in this agreement ("Agreement").

1. I have completed the above form to the best of my knowledge. I understand that the Activity is for the sole purpose of stress reduction and relaxation. If I experience any pain or discomfort during this session, I will immediately inform the technician performing my services ("Technician") to adjust my experience to my level of comfort. I agree to keep the Technician updated as to any changes in my medical profile and understand that there shall be no liability on the Technician's part should I fail to do so.

2. I hereby acknowledge and agree that the Spa offers the Activity solely at my own risk. I understand and acknowledge that the Spa makes no claims as to the safety, results, or the appropriateness of any program, activity, and/or experience for any particular individual. Furthermore, I understand that the Spa reserves the right to exclude any person from utilizing the Spa facilities and/or participating in any activity or experience at the Spa for any reason whatsoever.

3. I further acknowledge and agree that the Activity may involve a high degree of risk and at times may be hazardous to my health (or the health of my child(ren)). I am also aware of the contagious nature of the 2019 novel coronavirus disease (COVID-19), Monkeypox, and other similar viruses that may be labeled by the federal government as an outbreak, epidemic, or pandemic (collectively the "Disease") and the risk that I and my child(ren) may be exposed to by being on the premises and engaging in the Activity. I understand and acknowledge that such exposure or infection may result in serious illness, personal injury, permanent disability, or death. I acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others, including Spa employees. I understand that, while the Spa has implemented preventative measures to reduce the spread of the Disease, the Spa cannot guarantee that I (or my child(ren)) will not become infected with the Disease while on the premises and that being on the premises may increase my (or my child(ren)'s) risk of contracting the Disease.

NOTWITHSTANDING THE RISKS ASSOCIATED WITH THE ACTIVITY AND/OR THE DISEASE, I ACKNOWLEDGE THAT I (AND/OR MY CHILD(REN)) AM VOLUNTARILY ENTERING THE PREMISES TO ENGAGE IN THE ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED. I HEREBY EXPRESSLY AGREE TO ACCEPT AND ASSUME ALL RISKS OF PERSONAL INJURY, ILLNESS, DISABILITY, OR DEATH RELATED TO THE ACTIVITY AND/OR THE DISEASE, ARISING FROM MY (AND MY CHILD(REN)) BEING ON THE PREMISES OR ENGAGING IN THE ACTIVITY, WHETHER CAUSED BY THE NEGLIGENCE OF THE SPA OR OTHERWISE.

I understand that, before engaging in the Activity, I should consult my physician and, in the event my health condition changes during the Activity, I agree to instruct the Technician to stop and consult with my physician prior to resuming the Activity. I understand and agree that all suggestions and/or instructions made by a Technician or any Spa staff concerning exercise, nutrition, or any Spa experience are neither diagnostic nor prescriptive and that I should verify the same with my physician, and I will evaluate such instructions and/or suggestions independently. Notwithstanding the foregoing, I warrant and represent that I am in good health and that I am able to use the Spa facilities and participate in the Activity without limitation.

4. I am familiar with federal, state, and local laws, orders, directives, and guidelines related to the Disease, including the Centers for Disease Control and Prevention (CDC) guidance on the Disease. I will comply with all such orders, directives, and guidelines while I and/or my child(ren) are on the premises, including, without limitation, requirements related to hand sanitation, social distancing, and use of face coverings. I will also follow all instructions of the Spa while I and/or my child(ren) are on the premises. I agree not to enter the premises, and not to bring my child(ren)



onto the premises, if I (or my child(ren)) am experiencing symptoms of the Disease (such as cough, shortness of breath or difficulty breathing, fever (over 100.4 degrees F), chills, muscle or body aches, sore throat, new loss of taste or smell, fatigue, headache, congestion or runny nose, nausea or vomiting, and/or diarrhea), have a confirmed or suspected case of the Disease, or have come in contact in the last fourteen days with a person who has been confirmed or suspected of having the Disease.

5. In consideration of engaging in the Activity, I hereby expressly waive and release any and all claims, now known or hereafter known, against the Spa and its officers, directors, employees, agents, affiliates, members, successors, and assigns (collectively, "Releasees"), on account of injury, illness, disability, or death arising out of or attributable to my (or my child(ren)) being on the premises, engaging in the Activity, and/or being exposed to or contracting the Disease, whether arising out of the negligence of the Spa or any Releasees or otherwise. I covenant not to make or bring any such claim against the Spa or any other Releasee, and forever release and discharge the Spa and all other Releasees from liability under such claims.

6. If medical care is necessary during my visit, I hereby authorize Spa personnel to call for medical assistance for me or the below-mentioned minor and to aid in arranging transport the same to a medical facility or hospital in the event of an emergency, as reasonably determined by Spa staff. I further agree to be responsible for and pay all costs and expenses associated with any such medical care and/or transport, and I indemnify and hold harmless all Released Parties from any such costs.

7. I shall defend, indemnify, and hold harmless the Spa and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorneys' fees, fees, and the costs of enforcing any right to indemnification under this Agreement, and the cost of pursuing any insurance providers, incurred by/awarded against the Spa or any other Releasees in a final judgment, arising out of or resulting from any claim of a third party related to engaging in the Activity or being (or my child(ren) being) on the premises.

8. If any portion of this release is held invalid, the remainder shall not be affected and shall continue in full legal force and effect. That shall include modifying this release to allow any remaining claims to be waived, released, and indemnified against in the event that the inclusion of any particular provision is found to be invalid or contrary to public policy. The terms of this release shall continue from this date forever.

9. I agree that the releases set forth here shall be binding on my (or the below mentioned minor's) estate, heirs, administrators, and assigns. If I am executing this release on behalf of a minor, I represent and warrant that I am the minor's parent or legal guardian. This document constitutes the entire agreement between the Spa and me and supersedes any previous or contemporaneous discussions, understandings, representations, warranties, and agreements between us, both written and oral, with respect to the subject matter contained herein. All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with the internal laws of the British Virgin Islands (BVI) without giving effect to any choice or conflict of law provision or rule (whether of the BVI or any other jurisdiction).

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE SPA.

I have the legal right to consent and, by signing below, I hereby consent to the terms and conditions of this Release of Liability.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name(s) of Minor Child(ren) Engaging in the Activity:

\_\_\_\_\_

I am the parent or legal guardian of the minor(s) named above. I have the legal right to consent on their behalf and, by signing below, I hereby do consent to the terms and conditions of this Release of Liability.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

