



LAKE HOUSE SPA
AT LAKE AUSTIN SPA RESORT

Disclosure and Release

In-House Guest, Room Number _____

Day Guest

Name: _____

Date: _____

Birthday: _____ Age: _____

Gender: _____

Please check all of the conditions below that apply to you:

- | | | | |
|--|---|---|--|
| <input type="radio"/> Allergies | <input type="radio"/> Chemical Peel, Date: _____ | <input type="radio"/> Microdermabrasion | <input type="radio"/> Retin A Use/Topical Exfoliant |
| <input type="radio"/> Bruise Easily | <input type="radio"/> Heart Conditions | <input type="radio"/> Migraines | <input type="radio"/> Rosacea |
| <input type="radio"/> Cosmetic Enhancements, Date: _____ | <input type="radio"/> High Blood Pressure | <input type="radio"/> Plastic Surgery, Date: _____ | <input type="radio"/> Smoker |
| <input type="radio"/> Currently Pregnant, # of months _____ | <input type="radio"/> Injuries | <input type="radio"/> Psoriasis | <input type="radio"/> Spinal Problems |
| | <input type="radio"/> Laser Surgery, Date: _____ | | <input type="radio"/> Varicose Veins |

Please explain any conditions checked above:

Are there any medical conditions your therapist should be made aware of? _____

Are you currently on any medications? If so, please list them here:

Do you have any environmental, product, or food allergies? If so, please list them here:

If you are receiving a massage, please complete the following:

Areas of tension/pain: _____

Areas to be avoided: _____

Massage Therapy is not a substitute for medical examination or diagnosis. It is recommended that I see a physician for any physical ailment that I have. I understand that the massage therapist does not prescribe medical treatments or pharmaceuticals, and does not perform any spinal adjustments. I am aware that if I have any serious medical diagnosis I must provide a physician's written consent prior to services.

Draping will be used during the massage. Breast massage will not be performed. If uncomfortable for any reason the client or therapist may ask to end the session, and the session will be ended.

The following are contra-indications for which body treatments and massages may need to be modified or not performed:

- Acute inflammation of the veins such as varicose veins and phlebitis
- Acute inflammatory process (exception of bursitis)
- Acute disease accompanied by fever
- Acute skin infections such as eczema, psoriasis, or seborrhea
- Gastric or duodenal ulcers
- Inflammation of bone and/or marrow osteomyelitis
- Known thrombosis (blood clot)
- Marked degrees of hernia
- Tissue or swelling which might be malignant

The following are contra-indications for which facials may need to be modified or not performed:

- Acute disease accompanied by a fever
- Deep acid peel within past one month
- Fever blisters
- Laser surgery within past one month
- Plastic surgery within past two months
- Cosmetic enhancements within the past two weeks

To ensure that you and other guests experience the highest possible level of relaxation, we request that conversation be kept to a minimum level and that all cell phones be turned off. This is a non-smoking environment.

Please initial to acknowledge that you have read and understand the following:

_____ I consent and authorize Lake Austin Spa Investors, Ltd (“The Spa”) to perform a massage, facial, wax and/or body treatment for me. The purpose of the treatment has been explained to me, and all of my questions about the treatment and its side effects have been answered to my satisfaction. I understand that with any treatment there are certain risks involved and that unusual or unknown side effects from known/unknown causes can occur. Possible side effects from skin treatments include but are not limited to: mild or extreme redness, bruising, local swelling, stinging, tenderness, tingling, and feeling of intense heat, dry skin, flaking and/or peeling, hypo/hyper pigmentation, pimples, bumpy appearance and cold sores. Because clients with open lesions, sores, severe eczema, rosacea, and other dermatological conditions may not be candidates for this treatment, I have disclosed these conditions to The Spa before my treatment.

_____ I understand that exposure to sunlight or tanning beds within 3 days of a facial, wax, and or AHA body treatment could be harmful to me and might cause severe scarring, burning, and/or pigmentation disorder. I agree to use a sunscreen with a SPF of 20 or higher for at least one week after these treatments

I hereby release and discharge The Spa and The Spa's partners, officers, employees, therapists, agents, insurers, affiliates, successors and assigns, individually and collectively, of and from any and all claims and causes of action for personal injury, property damage, or any other kind of damage or injury, of whatever description, arising out of or related to the treatment I will receive from The Spa.

I have fully and completely read this Disclosure and Release before executing it, I understand its plain meaning, and I am signing it voluntarily, with full knowledge of its effects.

Guest/Guardian Signature: _____ Date: _____
(Parent or Guardian must sign if guest is under the age of 18.)

Printed Guest Name: _____

To be completed by therapist:

| Therapist Name & Signature, LMT # | Parts of Body to be Massaged Indications/Contraindications | Type of Massage Technique | Date | Guest Signature |
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