

# Myüz Makeup Artistry & Esthetics

## FACIAL CLIENT INTAKE AND RELEASE OF LIABILITY FORM



NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/PROV/POSTAL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

THE FOLLOWING INFORMATION WILL BE USED TO HELP PLAN SAFE & EFFECTIVE FACIAL SESSIONS EACH TIME YOU VISIT US.  
Your personal information is for Myüz Makeup Artistry & Esthetics use only and will not be shared with any person or entity  
outside Myüz Makeup Artistry & Esthetics. IT IS IMPORTANT YOU ANSWER ALL QUESTIONS TO THE BEST OF YOUR  
KNOWLEDGE AND HONESTY. THANK YOU.

Please list all known allergies \_\_\_\_\_

### YOUR SKIN

Please circle your skin type:      Normal      Dry      Sensitive      Oily      Combination      Acne Prone

Do you ever experience skin breakouts?      YES      NO

Do you ever experience oily shine during the day?      YES      NO

Do you ever experience a burning, itching sensation on your skin?      YES      NO

Do you ever experience a reaction to any of the following?

Cosmetics    Medicine    Iodine    Pollen    Food    Animals    Fragrance    Hydroxyl acids    Sunscreens

Other: \_\_\_\_\_

What are your skin care goals? \_\_\_\_\_

### FOR FEMALES ONLY:

Are you pregnant or trying to get pregnant?      YES      NO

Do you have any special skin problems pertaining to your face or body?      YES      NO

If YES, please specify: \_\_\_\_\_

Do you have Botox      YES      NO

If YES, please specify \_\_\_\_\_

Do you use Accutane, Retin A, Renova, Adapalene, or other prescription skin products?      YES      NO

If YES, please specify \_\_\_\_\_

Have you ever had chemical peels, microdermabrasion, or resurfacing treatments?      YES      NO

If YES, please specify and when \_\_\_\_\_

Do you experience these conditions on your skin?      Flakiness      Tightness      Sensitivity

What SPF sunscreen do you use on your Face? \_\_\_\_\_ Body? \_\_\_\_\_

Do you sunbathe or use tanning beds?      YES      NO

If YES, please specify and how often? \_\_\_\_\_

Do you burn easily in moderate sunlight?      YES      NO

Is there anything else about your current or previous health history you think would be useful for your esthetician to be aware  
of to make this a better experience? \_\_\_\_\_

Clients under the age of 17 must have a parent or legal guardian present to provide a signature for authorization of this facial session. It is my choice to receive spa treatments. I realize that the treatment is being given for the well being of my body and mind. I agree to communicate with my service provider any time I feel as though my well-being is being compromised. I understand that the service providers do not diagnose illness, disease, or any physical or mental disorder, nor do they prescribe medical treatment, or pharmaceuticals. I acknowledge that spa services are not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary Health Care provider for that service. I have stated all medical conditions that I am aware of, and will update the service provider of any changes in my health status. I understand that all employees of Myüz Makeup Artistry & Esthetics are licensed profession, and that by law they have the right to refuse service on any client at any time, if they feel as though their well-being is compromised.

I understand and voluntarily accept the risks associated with the facial and/or any other services, including but not limited to: Massage, Facials, or the use of any of the location's facilities. Except where prohibited by law; I acknowledge and voluntarily assume the risk of injury, accident or death which may arise from the use of any other program, event or activity. I agree Myüz Makeup and Artistry will not be liable for death or any injury, including, without limitation, personal, bodily or mental injury, economic loss or damage to me resulting from negligence, other acts in Myüz Makeup and Artistry, anyone acting on Myüz Makeup and Artistry's behalf, or anyone using the services of the facilities of Myüz Makeup and Artistry, to the fullest extent permitted by law. This agreement together with Myüz Makeup and Artistry, wellness plan rules and regulations, constitute the entire agreement between you and us and cannot be amended, except in writing by both parties. Myself and/or any of my heirs, executors, representatives, or assignees hereby release Myüz Makeup and Artistry from all claims or liabilities for death, personal injury or loss or damages of any kind sustained while on the premises or from any advice or services provided by an employee, independent contractor or any representative of Myüz Makeup and Artistry, I agree that this application and waiver is in effect for all massages, facials or any other services, and will not expire unless specifically requested by either party.

I understand that Myüz Makeup and Artistry, is a tranquil and professional environment and that any inappropriate behavior may result in termination of my services and full payment is expected. By signing this form, I agree to the above terms and release Myüz Makeup and Artistry, and its employees from any liability.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Esthetician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION):** This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

Parent/Guardian if Minor: \_\_\_\_\_ Date: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

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**FOR SPA USE ONLY**

Client / Treatment Notes: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Esthetician Signature: \_\_\_\_\_ Date: \_\_\_\_\_