

Name Date

Tel no. E-mail

INDEMNITY

I, _____ the undersigned, hereby indemnify and hold harmless Mint Wellness (Pty) Ltd, the Spa and/or Salons and/or Health Facilities at The Bay Hotel, Camps Bay Retreat, Pezula Hotel, Harbour House Hotel, The Farmhouse Hotel and/or any property owned and/or managed by or on behalf of Village N Life (Pty) Ltd, the Property Owner, Staff and Management from any injury, disease, death, damage or loss I may experience.

I declare that I will participate in all activities and/or treatments at all the facilities and externally at my own risk.

I understand that the services received are not a substitute for medical care and any information and/or advice given by the aesthetician/ beauty therapist is for educational purposes only.

All the information supplied on this form is correct and I agree that I cannot hold the aesthetician/ beauty therapist responsible for any loss, damage and/or injury or illness howsoever caused.

Client signature: _____

Mint Wellness to complete:

Overnight Guest YES / NO If yes, add room number

Day Visitor YES / NO VNL Leisure Club member YES / NO

Therapist's Name Therapist Signature _____

Skin Type and Concerns:

Normal Dry Oily Combination Lines/Wrinkles Pigmentation
 Acne Sensitive Extra Sensitive Sun Damage High Colour Dark Circles/Puffiness

What is your current skin care routine? _____

Body Concerns:

Dry Skin Cellulite Poor Circulation Aches/Pains Varicose Veins Overweight
 Other: _____

Do you have any of the following conditions or make use of:

Allergies Eczema Rheumatism Asthma High/Low Blood Pressure Birth Control
 Heart Condition Cancer Hyperthyroid Epilepsy Iodine (Seaweed/Shellfish) Contact Lenses
 Pacemaker IBS Constipation Psoriasis Claustrophobia Metal Plates/Pins
 Dilated Capillaries Arthritis Back Problems Diabetes Artificial Implants
 Other, please specify (also specify allergies) _____

Are you going through any of the following?

Depression Menopause PMT Headaches/Migraines
 Pregnancy Breastfeeding Other (please list) _____

Medical History

Are you on medication or under medical supervision? Y/N _____
 Is there history of any family illness? Y/N _____
 Have you had any recent surgery, accidents or injuries? Y/N _____