

Sandhill Spa

Service(s) _____

Tech(s) _____

Time(s) _____

Name _____ Email _____

Address _____

City, State, Zip _____ Date of Birth _____

Phone _____ Occupation _____

Are you: Staying at the Lodge? _____ Worldmark? _____ Running Y Homeowner/Local/Other? _____

General Health

List any medications you are taking _____

Have you had any surgeries in the last year _____

What are your skin concerns or challenges today? _____

What are you currently using on your skin? _____

Please circle if any of the following applies to you:

Allergies to:

- Shellfish
- Iodine
- Sulfur
- Gluten
- Soy
- Tree Nuts
- Peanuts
- Milk
- Wheat
- Eggs
- Seasonal
- Other _____

Are you:

- Pregnant
- Lactating
- Expecting a menstrual cycle
- Wearing contact lenses
- Taking:

- Allergy medication
- Blood thinners
- Corticosteroids
- Medication that may cause water retention
- Using products that contain:
 - Glycolic acids
 - Alpha hydroxy acids
 - Benzoic acids
 - Benzoyl peroxide
 - Salicylic acids

Under a physicians' care for:

- Acne
- Rosacea
- Eczema
- Psoriasis
- Other _____

Have you:

- Been diagnosed with:
 - Diabetes
 - Skin cancer
 - Any other cancer
 - Psoriasis
 - Lupus
 - Arthritis
 - High/Low blood pressure
- Had in the last 6 months:
 - Chemical peel
 - Dermaplaning
 - Laser
 - Microcurrent
 - Micro needling
 - Microdermabrasion
 - LED
- Taken in the last 12 months:
 - Retin A/Renova
 - Accutane
- Had an adverse reaction to:
 - A cosmetic product
 - A skin care treatment
 - Hair color

WAXING ONLY:
In order for your technician to perform an efficient hair removal you must have at least 7-10 days of hair growth for your 1st appointment and a minimum of 4-6 weeks between appointments.

TINTING ONLY:
Although every precaution will be made to ensure your safety and well-being before, during, and after your tinting application please be aware of the following risks below and initial:

____ I understand that tinting lashes or brows has some inherent risk of irritation to the orbital eye area, including the eye itself, and could result in stinging or burning, blurry vision, and potential blindness should the tint enter into the eye.

____ I understand that if the tinting agent, developer or mixture of both accidentally comes into contact with my eye, my eye will be flushed out with water and medical attention may be required.

____ My esthetician may choose to use a surface peeling chemical exfoliant during my facial and I give consent. (Please initial)

Release of liability: In consideration for the services to be provided. I hereby release, waive, discharge and relinquish any action or cause of action which may hereafter arise and agree that under no circumstances will I prosecute or present any claim for personal injury or property damage against CLV Properties, LLC or Running Y Ranch Resort or any of their subsidiaries or affiliates (herein collectively referred to as the Running Y) or any of their respective officers, agents or employees. IT IS THE INTENTION OF THE UNDERSIGNED, BY EXECUTING THE AGREEMENT, TO EXEMPT AND RELIEVE THE RUNNING Y FROM ALL LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE.

Signature: _____ Date: _____