



MAKE UP INTAKE FORM

All provided information will be kept strictly confidential.

In order to provide you with the best possible quality of service, we ask that you fill out the form below, so that we maintain a hygienic and safe environment for our guests at all times.

Name: _____ Date: _____

Cell Phone: _____ Email: _____

Address: _____

City

State

Zip Code

Please check all medical conditions that apply to you:

_____ Allergies (Please specify: _____)

_____ Contagious Diseases

_____ Herpes Simplex

_____ Hepatitis

_____ Other (Please specify: _____)

_____ Rosacea

_____ Acne

What are your goals for today's makeup session?

How would you describe your skin type (dry, oily, combination, etc.)?

Memorandum of Consent & Understanding

I understand and acknowledge The Spa at Massanutten employees do not aim to diagnose or to cure any illness or disease with a makeup session or any other modality. I release and hold harmless all spa employees and Great Eastern Resort Management and their assigns and heirs for any adverse effect from products used for my benefit or services rendered to me in good faith. I have read or have had read to me the above statements and have responded thoroughly concerning all aspects of my current health.

Signature: _____ Date: _____