



WELCOME TO OUR SPA

Thank you for taking the time to complete this personal care guide.  
Your responses will help us understand your wants and anticipate your needs.  
Enjoy your visit!

**GUEST INFORMATION**

Name \_\_\_\_\_ Birthday (Month/Day) \_\_\_\_\_

Phone \_\_\_\_\_ ZIP Code \_\_\_\_\_

Email \_\_\_\_\_ Preferred Gender Pronouns \_\_\_\_\_

May we contact you by email or phone for updates regarding spa reservations and services?  
 EMAIL  PHONE  TEXT  DO NOT CONTACT

Would you like to receive exclusive offers by email or phone from the spa?  
 EMAIL  PHONE  TEXT  DO NOT CONTACT

In case of emergency, please call:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Is this your first visit to a spa?  YES  NO

Do you have any special requests or preferences? \_\_\_\_\_

**MEDICAL INFORMATION**

Your well-being is our paramount concern. Certain medical conditions may impact the safety of our massage, bodywork, or facial services. For this reason, we ask you to complete this questionnaire in full. You agree to inform your practitioner of any discomfort which may arise during the service.

Please list any medical conditions or special needs:

Please list any current medications:

Please list any allergies:

	<b>Yes</b>	<b>No</b>
Are you pregnant? If yes, what trimester _____	<input type="radio"/>	<input type="radio"/>
Are you breastfeeding?	<input type="radio"/>	<input type="radio"/>
Do you have high blood pressure or any heart conditions?	<input type="radio"/>	<input type="radio"/>
Have you undergone any surgery within the last 2 years?	<input type="radio"/>	<input type="radio"/>
<hr/>		
Fever?	<input type="radio"/>	<input type="radio"/>
Coughing?	<input type="radio"/>	<input type="radio"/>
Shortness of Breath?	<input type="radio"/>	<input type="radio"/>
Excessive Fatigue?	<input type="radio"/>	<input type="radio"/>
Headache?	<input type="radio"/>	<input type="radio"/>

**If you have checked YES for any of the above, then we are regrettably unable to serve you today. We would be happy to reschedule your service.**

**HAVE YOU EXPERIENCED ANY OF THESE SYMPTOMS IN THE LAST 14 DAYS?**

**FOR MASSAGE & BODY TREATMENTS**

Do you have diabetes?	<input type="radio"/>	<input type="radio"/>
Do you experience frequent headaches?	<input type="radio"/>	<input type="radio"/>
Do you suffer from epilepsy or seizures?	<input type="radio"/>	<input type="radio"/>
Do you have soreness in any specific area?	<input type="radio"/>	<input type="radio"/>

**FOR FACIAL TREATMENTS**

Do you take Accutane?	<input type="radio"/>	<input type="radio"/>
Are you wearing contact lenses?	<input type="radio"/>	<input type="radio"/>
Do you use Retin-A?	<input type="radio"/>	<input type="radio"/>
Do you suffer from any blood disorder?	<input type="radio"/>	<input type="radio"/>
Do you use retinol or glycolic products?	<input type="radio"/>	<input type="radio"/>

**AREAS OF CONCERN**

(check all that apply)

**MASSAGE**

- Stress, Anxiety, Irritability
- Fatigue, Insomnia
- Headaches
- Muscle Aches & Pains
- Neck, Shoulder, or Back Pain
- Injury \_\_\_\_\_

**SKIN CARE**

- Fine Lines
- Dehydration
- Excessive Oil
- Redness, Sensitivity
- Clogged Pores, Acne
- Eyes – Fine Lines, Puffiness

**HAND, FOOT, BODY TREATMENT**

- Dry or Oily Skin
- Cellulite
- Lack of Tone
- Dry Hands
- Rough, Calloused Feet
- Nail Conditions

CONTINUED ON BACK

**SPA POLICIES**

Please be advised, food, alcohol and drugs are not permitted during a treatment. The Spa will not service any intoxicated guests. Sexually suggestive remarks, advances or behavior are strictly prohibited and will result in the immediate cessation of services and notification to security. Please consult the Spa Director prior to requesting services for any guest under the age of 18.

**SPA SERVICES  
WAIVER**

**PERSONAL PROPERTY POLICY**

Please do not bring personal property into the Spa. Released Parties (defined herein) will not accept your personal property but will direct you to a secure storage area. Released Parties are not liable for any theft or loss of personal property, including jewelry or other personal items.

**ASSUMPTION OF RISK**

I understand participation in the Spa Services carries certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I affirm that I have fully completed this Personal Care Guide to the best of my knowledge, including the disclosure of known medical conditions. My participation in the Spa Services is voluntary, and I assume all risk, including, but are not limited to:

**Minor Risks**

Bruising, product reaction, scratches, skin irritation, broken bones, allergic reactions, and minor bleeding.

**Major Risks**

Eye injury, loss of sight, infection, permanent scarring, dermatological skin reactions, permanent skin discoloration, heart attacks, allergic reactions, concussions, personal injury, and catastrophic injuries such as paralysis or death.

**WAIVER OF LIABILITY**

In consideration of my participation in Spa Services (massage, manicure, pedicure, depilation, facials, fitness center, fitness equipment, locker rooms etc.) at The Spa at Harrah's Ak-Chin (the "Spa") I hereby release, discharge and covenant not to sue the Spa, and WTS International, LLC, and their respective directors, officers, employees, agents, representatives, insurers, clients, successors, assigns, and any property owners, ("Released Parties") and further release from liability the Released Parties from any and all claims, losses, damages, or liability, INCLUDING NEGLIGENCE, AND LOSSES DUE TO THE NEGLIGENCE OF RELEASED PARTIES WHEN PERFORMING OR INSTRUCTING ANY SPA SERVICES OR MAINTAINING THE SPA ("Losses") resulting in personal injury, accidents or illnesses (including death), and property loss, including theft. Spa Services are not medical, and must not be considered a substitute for diagnosis or treatment by a licensed medical professional. Guests should consult a physician regarding participation in the Spa Services.

**I HAVE READ AND UNDERSTAND THIS ENTIRE PERSONAL CARE GUIDE, AND I RELEASE THE RELEASED PARTIES FROM ANY AND ALL LIABILITY, INCLUDING NEGLIGENCE AND LOSSES DUE TO THE NEGLIGENCE OF RELEASED PARTIES WHEN PERFORMING OR INSTRUCTING ANY SPA SERVICES OR MAINTAINING THE FACILITY, PAST, PRESENT AND FUTURE RELATING TO SPA SERVICES AT THE SPA. I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING RIGHTS TO SUE, AND I ACKNOWLEDGE THAT I AM SIGNING THIS WAIVER VOLUNTARILY.**

\_\_\_\_\_  
Client Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PROVIDER USE ONLY:** \_\_\_\_\_