



# Organic Sugar Scrub

☐ Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Email Address \_\_\_\_\_  
Birthday \_\_\_\_\_ How did you hear about us? Friend Google Facebook SpaFinder Other \_\_\_\_\_

Are there any areas of the body your Massage Therapist should avoid?

**No** ☐ **Neck** ☐ **Feet** ☐ **Glutes** ☐ **Other, please explain** \_\_\_\_\_

Do you have any recent sunburn, bruises, cuts or scrapes? **No** ☐ **Yes** ☐ **If yes, please explain** \_\_\_\_\_

Do you have any medical conditions that need to be brought to your Massage Therapist's attention?

**No** ☐ **Yes** ☐ **If yes, please explain** \_\_\_\_\_

**Please choose from the following Éminence Organic Skin Care Sugar Scrubs –**

- ☐ Blueberry – Hydrating and Antioxidant Rich
- ☐ Coconut – Ultra Refining and Hydrating
- ☐ Cranberry Pomegranate – Vitamin Rich and Revitalizing

**Post Body Scrub instructions for 24 hours -**

- Use a Zinc Oxide based sunscreen to prevent hyperpigmentation
- No direct sun
- No steam, saunas or hot tubs
- No Alpha Hydroxy Acid (AHA), Glycolic, Retin- a or Retinol use

**Body Scrub Treatments are considered safe, and it is my responsibility to inform Organic Skin & Body if any changes in my health occur. I am responsible for informing Organic Skin & Body of all health conditions, diseases or disorders from which I suffer.**

I understand that Body Scrub Treatments are not substitutes for medical treatment, and I still need to continue any medical treatment that I am receiving through my physician. I understand that the primary purpose of the treatment or treatments that I am about to receive is for relaxation, detoxification purposes, and skin cleansing and wellness benefits. I understand that I have the right to refuse treatment at any time, and I have the right to end my treatments at any time. I also understand that I have a right to ask whatever questions I have before, during, or after my treatments. I understand that results are not guaranteed.

I understand the treatment or treatments that I am about to receive. I have read this consent form, and I understand what I am signing. I consent to **Organic Skin & Body**, and I agree to abide with all terms and conditions.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_