



THE HEALING NEST
Release Form for Services

Client First Name Last Name Date

Street address City zip code

Email address Phone # DOB:

Services Provided: Massage Therapy, Reiki, Wig Consultation, Facial, Manicure, Pedicure, Makeup Consultation and Skin Care, Relaxation and Hypnosis, Reflexology.

I, the undersigned, hereby voluntarily agree to accept the services provided by The Healing Nest. I am fully aware that there are risks involving these services, and in the use of cosmetology products, including but not limited to allergic, chemical, or other adverse reactions. I hereby assume all risk, and release The Healing Nest and its volunteers from and against any and all liability for any harm, injury, illness, damage, claims, demands, actions, causes of action, costs and expenses of any nature that I might have or that may hereafter accrue to me, arising out of or related to any such injury, illness, damage or death that may be sustained by me as a result of the services provided. This consent shall stand as long as I receive the services specified from The Healing Nest.

Furthermore, I affirmatively state that I have no health conditions which might be aggravated or otherwise adversely affected by the services I am intending to obtain. I have obtained consent from my physician for these services.

I declare that I am competent to sign this CONSENT AND RELEASE OF LIABILITY FORM, and that I do so freely, knowingly and voluntarily.

Client Signature Date

If client is under 18: Parent/Guardian printed name Signature Date

Staff Signature Date