



Wellness Pedicure Consent Form: Please circle any of the following medical conditions/symptoms/medications if they apply to you.

Complete Restriction	Doctor's Permission	Moderate Restriction
<ul style="list-style-type: none">• Gross swelling in lower extremities.• Congestive Heart Failure• Suspected Blood Clots• Pustules from Tinea Pedis	<ul style="list-style-type: none">• Undergoing Cancer Treatment• Undergoing Dialysis or treatment for Liver Disease• Vascular Problems or Very Thin Fragile Skin• Recent Surgery	<ul style="list-style-type: none">• Do you take blood thinners?• Do you take any form of Cortisone?• Allergies• Diabetes• Under Doctor's Care for a Foot Condition

I, _____ hereby acknowledge that I have read and understand the above statements and have circled everything that applies to me.

I further understand that side effects including but not limited to **skin sensitivity, soreness, skin lacerations, swelling or bruising** can also occur.

Release of All Claims: The undersigned, being of lawful age, does hereby forever release and discharge Mitchell's Salon & Day Spa, Inc., it's employee's and agents, shareholders, successors and assigns for and from any and all liability, claims, demands, damages and causes of action, of any kind, including but not limited to personal injuries, medical expenses, pain and suffering, physical impairment and disability, lost wages and all other damages, whether now known or unknown, resulting from the rendering of service's at Mitchell's Salon & Day Spa Inc.

Client Signature:_____

Date:_____

Nail Tech Signature:_____

Date:_____