Client Intake Form

Name:_____Date:_____
Address:_____
City:_____ State_____ Zip Code:_____
Phone Number:_____Email:_____
Emergency Contact:_____Relationship:_____

Payment Preference: ROOM CHARGE CREDIT/DEBIT CARD CASH GIFT CARD

Please take a moment to fill out the following questions. This will help us to serve you today and in the future.
How did you hear about us?_____
Is this a referral? If yes, please specify who referred you:_____
Have you received spa services before?_____
If yes, what type(s) of service(s)?_____
What spa services are you interested in?_____

Please indicate the type(s) of services you are here to receive today:

( ) Hair	( ) Facial	( ) Wax
( ) Nails	( ) Massage	( ) Bridal
( ) Pedicure	( ) Body Treatment	( ) Consultation

Please read below and sign:
_____ **(please initial) I agree with all policies and procedures of The Spa at Dollywood's DreamMore Resort.**

I acknowledge that I have read this form carefully and understand its meaning and I am voluntarily releasing the above named parties from all liabilities arising out of my utilization of any spa services. I also acknowledge and accept the charges for the treatments and services for which I will be receiving today.

_____ _____
Guest Signature Date

Any spa guest under 14 years of age must have a parent or legal guardian present and sign the below acknowledgment pertaining to the release of liability and waiver.

_____ _____
Parent/Guardian Signature Date

_____
Name of Minor(s)