

**Personal Details****Name**

fffffffffffff

**Phone**

N/A

**Nationality**

N/A

**Service**

N/A

**Treatment**

N/A

**How did you know about us?****Source**

N/A

**Social Media**

N/A

**Customer Health Condition****Health Conditions**

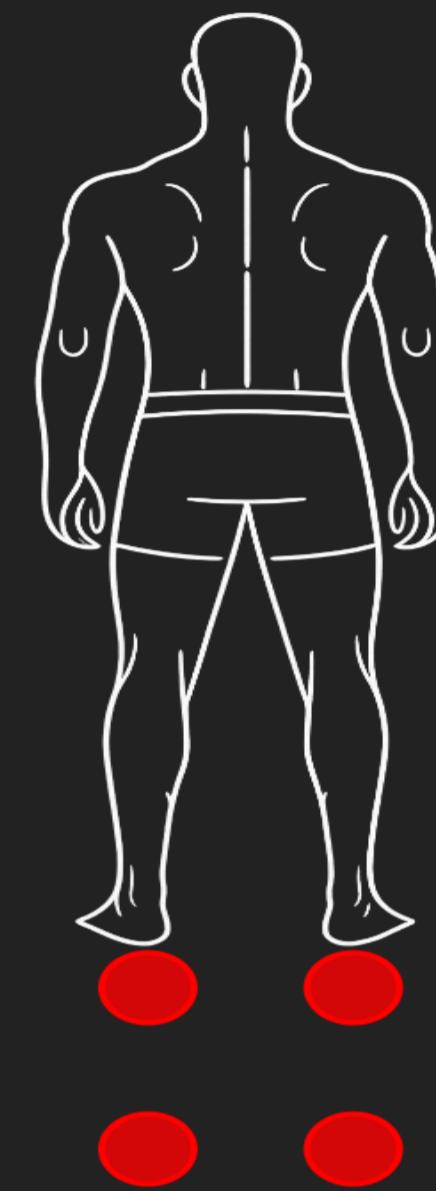
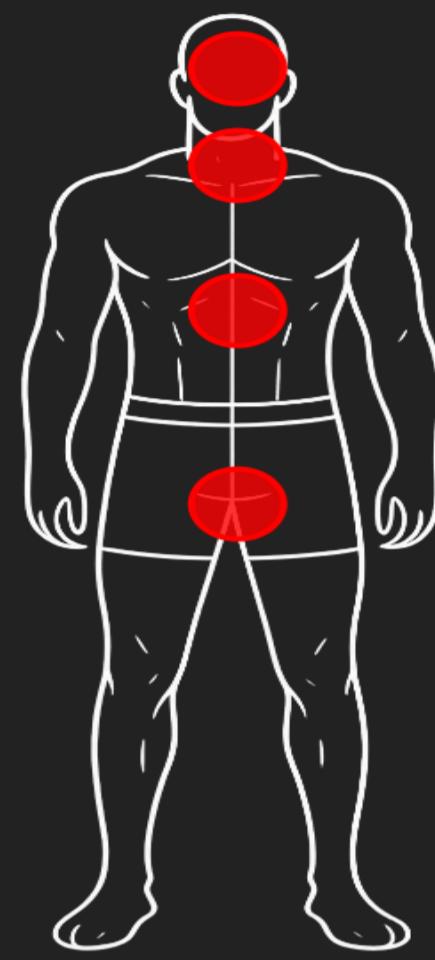
N/A

**Implants**

N/A

**For Massage Only****Massage Pressure**

N/A

**Selected Body Parts**

Head, Neck, Chest, Abdomen, Right Back Thigh, Right Back Leg, Left Back Leg, Left Back Thigh

**Skin Type****Skin Type**

N/A

**Other Concerns**

N/A

**Customer Signature****Notes: Sexual behavior is prohibited by law and will not be tolerated by the management and the Authority.**

The undersigned has read and understood the above contents and terms. The undersigned represent that the information provided is true and accurate and understands the importance of alerting the staff to any medical conditions or concern. The spa reserves the right to refuse treatment. I agree that either the spa, not its employee or management shall be liable or responsible for aggravation of any existing conditions as a result of my treatment. I am voluntarily undertaking this treatment.