



KASEY BEAUTY SPA

Tel: 778-285-6556

Registration and Consent Form

Name: _____

Birthday (mm/dd): _____ I am over 19 years of age
*Guardian Signature required for minors

Address: _____
No. Street City Postal Code

Phone Number (primary/secondary): _____

Email: _____
 Yes, I would like to subscribe to monthly newsletter. I can unsubscribe at any time online.

Preferred language (English, Mandarin, or Cantonese): _____

Preferred method of contact: Phone Email

Allergies or medical concerns: _____

I, _____, hereby acknowledge that all sales are final with no refunds and no exchanges. I release Kasey Beauty Spa from any liability for any allergens and/or skin irritations that may result from their products or their equipment. I confirm that I have had sufficient time to read and understand each post care instruction. I understand that my participation is completely voluntary and I freely accept and fully assume all responsibility for all risks which might arise from the treatment. I verify that all the above information is valid and true.

Signature: _____

Date: _____

Groupon Voucher: _____
(If applicable)