



Welcome to Madrone

OUR MISSION

Nurturing your self-image has a personal and worldly impact. Our goal is to guide you on your journey of reflection and self-discovery, advise you on how to best take care of yourself in spirit and body, and help you see and exude your beauty from the inside out. We believe everyone deserves to feel beautiful, and to do that involves more than applying products to our bodies. Our objective is to help you find balance in your beauty.

Inside you will find a Consent Form, Intake Form, Waivers and Liability Form, and our policies. Please fill in these forms completely and honestly to ensure your safety and the safety of our staff here at Madrone.

Thank you for choosing us!

With gratitude, The Madrone Team

SPA ETIQUETTE & POLICIES

RESERVING YOUR SPA APPOINTMENT

To ensure the best possible experience, we recommend planning your spa visit in advance. This allows you and our service providers to find a suitable appointment time that fits your schedule.

If you are booking an appointment for a client under the age of 18, parental consent and a signature are required before services can be provided. Please ensure that a parent or guardian is present at the appointment to sign the consent form.

For a smooth experience, we ask that you do not bring additional guests to your appointment, as our waiting area is reserved for clients awaiting their services.

Children under the age of 13 are not permitted in the spa.

THE DAY OF YOUR SPA APPOINTMENT

To ensure a relaxed and enjoyable spa experience, we ask the following:

- New Guests: Please arrive 15-20 minutes before your scheduled appointment to complete your guest profile and receive a tour of the spa.
- Returning Guests: Arrive 5-10 minutes early to prepare for your appointment.

If you arrive late, please understand that we cannot extend your service time, as this would affect other guests. We will do our best to accommodate you within the remaining time, but the full price of the service will still be applied.

To maintain a peaceful environment, we kindly request that only guests receiving services accompany you to the spa.

We provide robes, wraps, and beverages for your comfort. If you are pregnant, have any sensitivities, are on aggressive medications, or have other relevant physical or medical needs, please inform us before your appointment so we can accommodate you properly.

We recommend leaving valuable items at home, as Madrone Beauty is not responsible for lost or stolen items.

PAYMENTS & GIFT Certificates

We accept payments in cash, credit cards, debit cards, and Madrone Beauty gift certificates. If you have a voucher for a discounted service, you may apply its value to the total cost of your service.

Gift Certificates can be purchased from us and hold value equal to their purchase price.

They are non-refundable and cannot be redeemed for cash.

To redeem a gift certificate, present it at the time of purchase, and the available balance will be applied to your service. Any remaining balance can be used for tipping your service provider or saved for a future appointment.

Gift certificates are non-transferable. The purchaser is responsible for the safekeeping of the certificate. We are not responsible for lost, stolen, or damaged certificates, or for unauthorized use.



Client Consent Form

I hereby consent to receiving services and/or treatments provided by Madrone Beauty specialists. I have voluntarily elected to undergo these treatments/procedures after the nature and purpose of these treatments have been explained to me, along with the risks and hazards.

Although it is impossible to list every potential risk and complication, I have been informed of benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent upon many factors and that there is the possibility that I may require further treatments of the treated areas to obtain the expected results at an additional cost.

I have read and understand the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post-treatment care. If I have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult the service provider immediately.

I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

I have read and fully understand this agreement and all the information detailed above. I understand the procedure and accept the risks. All my questions have been answered to my satisfaction, and I consent to the terms of this agreement. I do not hold the service provider, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of the procedure, which may be affected by the treatment performed today.

Name (printed) _____

Name (signature) _____ Date _____

Service Provider _____ Date _____

Client Intake Form

Name: _____ Date: _____

Cell Phone: _____ Email: _____

Birthday: _____

What brought you in today? Referred by: _____ Internet Search
 Advertisement: _____ Social Media
 Other: _____

Have you had spa services before? None Wax Facial
 Lashes Massage Nails
 Hair

Allergies: _____

Have you ever had a reaction to a spa service before? No Yes

If yes, please explain: _____

Please review the following list of health conditions and check anything that is applicable to you:

- Abdominal Pain
- Arthritis
- Auto Immune
- Back Pain
- Blood Clots
- Broken Bones
- Bruise Easily
- Chemotherapy, Cancer, or Radiation
- Cardiovascular
- Carpal Tunnel
- Chronic Pain
- Digestive Issues
- Contact Lenses
- Decreased Range of Motion
- Depression / Anxiety
- Diabetes
- Diverticulitis
- Fibromyalgia
- Headaches
- Herniated Disc
- Hepatitis
- High Blood Pressure
- Injury
- Insomnia
- Muscle Strain
- Numbness
- Scoliosis
- Seizures
- Stroke
- Surgery
- Skin Conditions
- TMJ
- Varicose Veins
- Whiplash
- Pregnant or Nursing
- Other: _____

Have you used Accutane within the last 12 months? Yes ____ No ____

Have you used Tretinoin within the last 6 months? Yes ____ No ____

Have you had any body or skincare treatments at the Derm within the last 6 months? Yes ____ No ____

Are you taking any blood thinners? Yes ____ No ____

Are you on any medications for blood pressure? Yes ____ No ____

Are you on any medications for heart disease? Yes ____ No ____

Do you smoke or vape? Yes ____ No ____

Please list any skincare products you are currently using at home:

Morning Cleanser _____
Toner _____
Exfoliator _____
Day Moisturizer _____
Spf _____
Evening Cleanser _____
Evening Moisturizer _____
Serums _____
Eye Creams _____

What are your main skin concerns? Check all that apply:

- Dryness
- Oil Control
- Blackheads / Whiteheads
- Redness
- Irritation / Sensitivity
- Acne
- Fine lines / Wrinkles
- Pigmentation
- Recovering from a treatment at the Derm
- Prepping for a treatment at the Derm

What are your goals for your skin and your body's overall wellness?

By signing below, I confirm the information on this intake form is true and accurate to the best of my knowledge

Name _____ Date _____

I consent to have a Madrone Beauty LLC service provider perform services offered in their establishment. Before my qualified service provider can perform these services, I understand that I must read this agreement and provide proof of my informed consent to the statements contained therein by signing and dating where indicated below.

Throughout this agreement, the terms “service provider(s)” and “Madrone Beauty” include all of Madrone Beauty, LLC’s respective officers, directors, agents, employees, successors, and assigns.

Waiver of Liability

Hair Removal: I understand that there are risks associated with waxing and sugaring and that even with the utmost care in the application or removal of these hair removal products, risks associated with the service and products still exist. These include, without limitation: pain, discomfort, skin irritation, redness, lifting, photosensitivity, and mild swelling. I understand that a certain amount of waxing or sugaring material will be used to remove the hair from a designated area on my body. I also understand that there are specific tools and equipment used during this service that will contact my body.

Facials and Specialty Facials: I understand that there are some risks associated with receiving a facial and that even with the utmost care in the application or removal of the involved products, risks associated with the services and products still exist. These include, without limitation: allergic reaction, skin irritation, redness, photosensitivity, and skin sensitivity. I understand that certain amounts of various skincare products will be used and applied to my skin during my facial. I also understand that there are specific tools and equipment used during these services that will contact my body.

Eyelash and Cosmetic Services: I understand that there are risks associated with all cosmetic services and that even with the utmost care in the application or removal of products, risks associated with the procedures and products still exist. These include, without limitation: eye irritation, eye pain, discomfort, skin irritation, redness, mild swelling, and in rare cases, blindness, when improperly handled. Regarding the eyelash extension procedure, I understand that a certain amount of eyelash adhesive material will be used to attach the artificial lashes to my existing eyelashes.

Massage and Body: I understand that there are some risks associated with receiving a massage or body treatment even when the utmost care is practiced. These include, without limitation: bruising and nerve lesions and aggravation to existing injuries. I understand that I should not receive a massage if I have a bleeding disorder or take blood-thinning medication, a burn or wound in massage, deep vein thrombosis, a bone fracture in the massage area, severe osteoporosis, or severe thrombocytopenia. By signing this waiver, I also certify that I am physically able to get in and out of a massage chair / massage bed safely.

Even though the service provider may apply or remove the material and products properly, as well as use the tools and equipment safely, I understand that the previously stated risks may occur during or after the services, which could require further follow-up care, paid at my own expense. I also understand that there is more than one technique for performing these services, and I will not attribute any fault or liability to the service provider or Madrone Beauty resulting from these services or failure to care for the treated area afterward. I also agree to hold Madrone Beauty harmless and indemnify them for all claims, actions, expenses, damages, and liabilities, including reasonable legal fees, which might be brought against them because of having either of these services performed or of the purchase of these services and related products.

Care and Maintenance: I agree to follow the aftercare and maintenance instructions separately provided by Madrone Beauty. If any follow-up care is required due to my own mistake or negligence or failure to follow these instructions, I understand that it will be at my own risk and expense. I understand that failure to follow care instructions may result in damage to the treated area.

_____ By Initialing here, I confirm that I have read the “Care and Maintenance” message from Madrone Beauty and agree to follow all after care instructions recommended for my services by my service provider.

Use of Photos: By signing this agreement, I understand that if Madrone Beauty takes a photo, they reserve the right to publish and reproduce photographs of me for advertising, education, or other purposes as they see fit. This includes the right to retouch said photographs. Additionally, I understand that Madrone Beauty may use my image and likeness as contained in these photographs for any advertising or other promotional purposes, along with any comments I may provide*.

For Parents and Guardians of minor clients, you may opt out of our photo policy by checking this box.

*Clients will always be made aware of photos before they are taken, and any photos taken of intimate areas will be respectfully censored

No Known Medical Conditions/Informed Consent: I have read and completed Madrone Beauty’s intake form in its entirety and acknowledge that I have been advised of the potential harmful or negative side-effects that these services may cause to those who have certain medical or skin conditions. I further state that I have no known medical condition that might be aggravated by the services or any medical condition that would prevent me from complying with the follow-up care and maintenance instructions provided to me or the warnings outlined in this agreement.

If any legal action is brought by either party to enforce the terms of this agreement, the prevailing party will be entitled to the costs associated with the service and reasonable legal fees. Any claims arising out of this agreement will be resolved through binding arbitration using the rules of the American Arbitration Association.

This agreement will remain in effect for this service and all future services conducted by Madrone Beauty.

I agree that this contract is binding for me as well as my heirs, legal representatives, and any successors or assigns. I confirm that I am over 18 years of age or that I am the legal guardian of the client who is under 18 years of age, and I consent to this procedure under these terms. By signing this form, I also agree that I will not attack or slander Madrone Beauty or their professionals on any public forums, blogs, social networks, etc. at any time during or following the procedure. Similarly, I agree not to seek advice on forums, blogs, community groups, or any other social media in a way that gives Madrone Beauty a bad name. In case of breach of this clause by me or on my behalf, I agree to pay for any damage to Madrone Beauty.

Client Name: _____

Client Signature: _____

Guardian Signature: _____

Service Provider’s Signature: _____

Date: _____



Cancellation Policy

By booking an appointment with Madrone Beauty, you agree to the following policies:

- A minimum of 24 hours' notice is required to cancel or reschedule an appointment.
- Cancellations within 24 hours of the scheduled appointment will result in a charge of 50% of the service fee.
- Rescheduled appointments will incur a \$5 rescheduling fee per occurrence. Any cancellation fee paid may be applied as a deposit toward a rescheduled appointment, provided the new appointment is booked within 14 days of the original appointment date.
- If Madrone Beauty must reschedule your appointment, a \$5 courtesy discount will be applied to your service.

No-call/no-shows will be charged 100% of the service fee.

All sales are final. No refunds are provided for services, gift certificates, products, or memberships.

By signing below, I am acknowledging that I have read and fully understand this agreement and all information detailed above and agree to the policy.

Name (printed) _____

Name (Signature) _____ Date: _____

