

Therapist name: _____

Your name: _____

Medical history

Any current skin or nail conditions?

☐ Yes ☐ No If yes, please describe: _____

Are you allergic to any nail or skincare products?

☐ Yes ☐ No If yes, please specify: _____

Consent & waiver

I confirm that I have provided accurate information about my health and any skin or nail conditions. I understand that nail treatments involve the use of products and equipment that may cause temporary irritation or discomfort.

Waiver of liability

Urban's role is solely to connect me with an independent nail technician, and my contract is directly with them. I release Urban and the technician, to the extent permitted by law, from any liability related to this session.

Date: _____ Client signature: _____