



MaryGraceSpa

初来店日 Date Year Month Day _____

氏名 Name _____

生年月日 Date of birth Year Month Day _____

住所 Address _____

TEL Telephone number _____

DMは自宅 Direct Mail to home OK NO

携帯 Cellphone number _____

勤務先 Place of employment _____

社名 Corporate name _____

TEL Company Telephone number _____

備考 Note _____

アンケート Questionnaire

Have you ever been diagnosed by a doctor with high blood pressure? YES NO

Are you presently or in the past been treated for an illness? YES NO

If YES, please describe the illness? ()

Do you ever become overtired easily? YES NO

Are you always tired in the morning when you wake up? YES NO

Do you have a nervous disorder or nervousness? YES NO

Is there anybody in your family who has a nervous disorder? YES NO

Do you get irritated easily? YES NO

Are your hands and feet cold even in summer? YES NO

Do you have menstrual irregularity? YES NO

Are you presently taking any medication? YES NO

Have you ever been diagnosed with one of the following in a physical examination?

1. Heart disease 2. Anemia

Are you presently or in the past been treated by a dermatologist? YES NO

What kind of symptoms? ()

Do you wear contact lenses? YES NO

Do you experience constipation?

1. Always Sometimes 3. NO

Do you have any allergic symptoms? YES NO

Do your bruises or scars remain for a long time? YES NO

Are you claustrophobic? YES NO

Do you have any artificial teeth? YES NO

Reason of visiting?

1. Referral from a friend (Would you please provide the name? _____)

2. Leaflets

3. Internet

Would you like to hear about the treatment or any advice?

1. Yes, during the treatment. 2. No, I would prefer to relax. 3. Yes, after the treatment.

Thank you for your cooperation. We will do our best to make our customers happy and satisfied.

誓約書 **Consent Form**

Thank you for choosing Mary Grace Japan out of many esthetic salons.

We will only treat customers who agree to the points listed below.

Service will not be rendered under the following circumstances:

- Demand for other treatments that we do not offer
- Actions which lack character or inappropriate remarks; touching the therapist
- Demand for sexual treatment (Note1)
- Therapist feels danger due to actions or remarks which could harm the therapist
- When it is judged that the customer is unsuitable for service
- When the customer removes more clothing than needed for the service (Note2)
- When the utterance etc, lack in character or if it is bad
- Customers who are drunk
- Customers who have any kind of tattoos
- Customers presently seeing a doctor or currently taking any medication
- Customers with heart disease
- Customers with any infectious disease
- Customers who have a pacemaker
- Customers who have diabetes

Note 1) Special treatment requests not permitted.

Note 2) We kindly ask all male guests to wear underwear during all treatments.

Customers who correspond with the above points will be prohibited from using the salon. treatment if the therapist judges anyone as corresponding with the above points, the session will be considered cancelled, treatment will be stopped immediately and the customer will be requested to leave the premises. In this case, the appropriate fee will be charged with the cancellation fee and a refund will not be made.

※ If we feel that it is necessary, we will ask for your identification and ask you to accompany our staff to the police station. ※ Please follow the rules and we ask for your understanding and cooperation.

※Representation and Covenants regarding Criminal or Antisocial organizations

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(Personal belongings) We cannot take responsibility for any missing items.

I (print name)_____ understand that I will be treated by a Mary Grace therapist and will follow all rules and will take responsibility for my own actions.

I have no objection with anything above.

YEAR MONTH DAY Signature _____



MaryGraceSpa

Exclusion of Anti Social Forces

1. "Anti Social Forces" means:

(1) an organized crime group, a member of an organized crime group, a related company or association of an organized crime group, and any other equivalent person of above; or

(2) a person who themselves or through the use of third parties conducts a demand with violence, an unreasonable demand beyond its legal entitlement, use of intimidating words or actions, damages the credit or obstructs the business of the other party by spreading false rumors or by the use of fraudulent, or any other equivalent actions of above.

2. Each party represents and warrants that is not a person who has fallen and shall not fall under any of the followings:

(1) the Anti Social Forces;

(2) a person having such relationship with the Anti Social Forces that shows the Anti Social Forces' substantial involvement in the person's management;

(3) a person having such relationship with the Anti Social Forces that shows reliance on the Anti Social Forces;

(4) a person who cooperate and is not involved with the maintenance or operation of any Anti social Forces by providing funding to any Anti Social Forces or any similar act; or

(5) a person who is engaged in socially condemnable relationship with the Anti Social Forces.

2. Each party shall be entitled to terminate this Agreement and request for the damages without any notice and any and all obligations of the party owed to the other party shall become due and payable and the other party shall immediately repay such obligations, if the other party breached the representations and warranties in the preceding clause.



