



Birthday Party Minor Consent Form

Minor Full Name: _____ DOB: _____

Parent Full Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Minors are permitted to receive treatments and participate in birthday parties at Glitter and Glam Beauty Lounge, LLC. A parent or legal guardian must fill out the Consent forms for the minor before the birthday party begins.

Guidelines:

- Minors (guests between the ages of 5 and 17) can receive facials and makeup only with written consent from a parent or guardian.
- If the party has chosen "Hair Tinsel" add ons, I grant permission for my child to receive this service

List any allergies:

By signing this form, you certify that you are the parent or legal guardian of the child receiving the treatments. You acknowledge that you are aware of the health risk inherent in any form of hands-on services provided from any like kind of facials, hair or makeup services that your child will be receiving, and waive any and all claims to damages or injuries that you or your child may have against Glitter and Glam Beauty Lounge, LLC or any of the party hosts that may be used by Glitter and Glam Beauty Lounge, LLC.

By signing I certify that I am a parent or legal guardian of _____, who is _____ years of age as of today.

I grant permission for my minor child to receive skincare, hair and makeup service(s) from Glitter and Glam Beauty Lounge, LLC.

I have accurately filled out the Consent forms for the minor that is going to be receiving the treatment(s) today and if need be for any future dates with Glitter and Glam Beauty Lounge, LLC.

I am aware of the legal waiver that is in full effect with this signature for the person receiving the treatments as well as myself. If for any reason that you become non-eligible for the signing of this document for future dates you will submit in writing to Glitter and Glam Beauty Lounge, LLC that information by a written letter either in person to Glitter and Glam Beauty Lounge, LLC or by Certified Mail.

Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____



Birthday Party

PHOTO AND VIDEO RELEASE FORM

I, _____ hereby grant and authorize Glitter and Glam Beauty Lounge, LLC the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any pictures, videos, and /or audio taken of me and/or my child(ren) to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, press kits, websites, social media sites, and other print and digital communications, without payment or any other consideration.

This authorization shall continue indefinitely and extends to all languages, media, formats, and markets now known or later discovered.

I waive any rights to royalties or other compensation arising or related to the use of the photograph or recording.

I understand and agree that these materials shall become the property of Glitter and Glam Beauty Lounge, LLC and will not be returned.

And causes of action which I, my heirs, representatives, executors, administrators, or any I hereby hold harmless and release Glitter and Glam Beauty Lounge, LLC other persons may make while acting on my behalf or behalf of my estate.

By signing below, I hereby acknowledge that I have completely read and fully understand the above release agreement.

Client Name (printed)

Client Name (signature)

Child's Name

Child's Name

Child's Name

Child's Name