

# Minor Consent Form



Minor Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Minors are permitted to receive treatments at Serene Society Nail Bar & Day Spa. A parent or legal guardian must be present in completing the Intake & Health History Form, Consultation, and Consent forms for the minor.

### Guidelines:

- Minors (guests between the ages of 13 and 17) can receive massage, facials, and waxing (not including bikini area) only with written consent from a parent or guardian.
- The consenting adult, child, and technician will establish goals for the treatment sessions(s).
- For guests ages 13-15, the parent or guardian must be present in the facility during the entire service.
- For guests ages 16-17 if both guest and parent or guardian are comfortable with the child being in the facility by themselves, please initial here, \_\_\_\_\_. Otherwise, the parent or guardian should be in the facility during each session.

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 massage, facial, or waxing that your child will be receiving, and waive any and all claims to damages or injuries that you or your child may have against Serene Society Nail Bar & Day Spa or any of the providers that may be used by Serene Society Nail Bar & Day Spa

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 \_\_\_\_\_ treatment(s) from Serene Society Nail Bar & Day Spa.

I have accurately filled out the Client Intake & Health History Form, Consultation and Consent forms for the minor that is going to be receiving the treatment(s) today and if need be for any future dates with Serene Society Nail Bar & Day Spa.

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 Serene Society Nail Bar & Day Spa that information by a written letter either in person to Serene Society Nail Bar & Day Spa or by Certified Mail.

Minor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_