

**MAXXCOLE SALON & SPA**

**SPA BIRTHDAY PARTY ACKNOWLEDGMENT AND CONSENT FORM**

Name of child: \_\_\_\_\_

Name of parent(s) or guardian(s): \_\_\_\_\_

Phone number of parent(s) or guardian(s): \_\_\_\_\_

**Consent and Certification**

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to my child's participation in the Spa Birthday Party conducted by MaxxCole Salon & Spa (the "Salon").

**Waiver and Release of Liability**

In consideration of my child's participation in the party activities, I hereby release, waive, and forever discharge the Salon and its employees from any and all liability, damages, losses or injuries to persons and/or property, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses and/or attorneys' fees, that occur during, result from, arise out of or relate to receipt of services from the Salon.

**Medical Information**

Does your child have any allergies (food or otherwise)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

I confirm, to the best of my knowledge, that my child does not have allergies and has never had an allergic reaction involving latex, nail polish, moisturizers, sunscreens, makeup, or any nail products in the past.

**This agreement must be signed, dated, and returned prior to the start of the party.**

I ACKNOWLEDGE THAT I READ THIS CONSENT FORM, FULLY UNDERSTOOD ITS TERMS, AND SIGNED FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date