



Parental Consent Form

I, _____ give my permission as Parent/Guardian of _____ to receive the following spa services.

Initial All That Apply:

___ Waxing

___ Facial

___ Massage

I agree not to hold *Refreshing Springs Day Spa* or any of its employees responsible for any injuries, accidents, communication differences, conflicts or physical illness that may arise from the service.

It is understood that this parental consent is being given in advance of all services. I also agree that *Refreshing Springs Day Spa* is to exercise their best judgment as to the manner and requirements of administering services to the above minor.

My signature below constitutes that: (1) I have read and understood and fully agree to the parental consent. (2) The proposed spa service has been satisfactorily explained to me and I have all the information that I desire. (3) I hereby give my authorization and consent for said minor child to receive service at *Refreshing Springs Day Spa*.

Name

Date

Signature of parent or guardian

Date