



Avarie's Spa & Suites

Initial intake form &

Service Waivers & Consent Packet

Parent/Guardian Required to complete Each Section

Welcome to Avarie's Spa & Suites — Where little princesses step into a world of glam, sparkle, and unforgettable memories! ✨❤

Located in the Cincinnati/Springdale area, we specialize in fun, luxury-inspired spa experiences designed for girls ages 5–10 in a clean, safe, and friendly environment parents can feel good about.

Whether you're celebrating a birthday, planning a girls' day out, or simply treating your little one to something special, our intimate spa parties create magical moments your child will never forget. Each experience is thoughtfully designed to be fun, relaxing, age-appropriate, and full of confidence-boosting pampering.

- 👑 Weekly Spa Experiences Available
- 👑 Small Private Parties — Up to 6 Guests
- 👑 Perfect for Birthdays, Celebrations & Fun Days Out
- 👑 Luxury Kid-Friendly Spa Packages
- 👑 Personalized Glam Experiences
- 👑 Book a Party in as Little as 48 Hours

At Avarie's Spa & Suites, we believe every little girl deserves to feel beautiful, celebrated, and special. From mini manicures and pedicures to spa robes, mocktails, group photos, and glam memories. We create a one-of-a-kind experience filled with laughter, sparkle, and princess energy from beginning to end. 💅✨

Our small and intimate party setting allows every guest to receive personalized attention while creating meaningful memories with family and friends.

Come experience the sweetest little luxury spa experience in Cincinnati & Springdale!

Initial In- take form

Today's Date: _____ Desired spa date _____

Spa package Maker station Pretty princess Glam Girl Ultimate spa day

Honorable guest Name: _____ Nick Name _____

Date of Birth: _____ Favorite color _____

Shirt size X-Small 4-5 Small 6-7 Medium 8-10 Large 10

Shoes size _____

Emergency contact name: _____

Emergency Phone Number: _____

Emergency contact Address: _____

Guest Name _____ **Age** _____ **Date of Birth:** _____

Shirt size X-Small 4-5 Small 6-7 Medium 8-10 Large 10 Shoes size _____

Emergency contact name: _____ Phone Number: _____

Allergy disclose obtained Verbal consent/ permission from guardian initials _____

Guest Name _____ **Age** _____ **Date of Birth:** _____

Shirt size X-Small 4-5 Small 6-7 Medium 8-10 Large 10 Shoes size _____

Emergency contact name: _____ Phone Number: _____

Allergy disclose obtained Verbal consent/ permission from guardian initials _____

Guest Name _____ **Age** _____ **Date of Birth:** _____

Shirt size X-Small 4-5 Small 6-7 Medium 8-10 Large 10 Shoes size _____

Emergency contact name: _____ Phone Number: _____

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Guest Name _____ Age _____ Date of Birth: _____

Shirt size X-Small 4-5 Small 6-7 Medium 8-10 Large 10 Shoes size _____

Emergency contact name: _____ Phone Number: _____

Allergy disclose obtained Verbal consent/ permission from guardian initials _____

Guest Name _____ Age _____ Date of Birth: _____

Shirt size X-Small 4-5 Small 6-7 Medium 8-10 Large 10 Shoes size _____

Emergency contact name: _____ Phone Number: _____

Allergy disclose obtained Verbal consent/ permission from guardian initials _____

General Participation Consent/ Acknowledgment

I understand that my child is voluntarily participating in services and activities provided by Avarie’s Spa & Suites, including but not limited to mini manicures, mini pedicures, facials, DIY product making, mocktail experiences, spa parties, glam activities, and related services.

Parent/Guardian Initials: _____

Assumption of Risk I understand that although Avarie’s Spa & Suites maintains a clean, supervised, child-friendly environment, participation in spa activities may involve risks including but not limited to slips, falls, skin irritation, allergic reactions, minor injuries, or accidental contact with products or materials.

Parent/Guardian Initials: _____

Release of Liability I release and hold harmless Avarie’s Spa & Suites, its owners, staff, contractors, volunteers, affiliates, and representatives from any liability, claims, damages, injuries, losses, or expenses arising from participation in services, except in cases of gross negligence or intentional misconduct.

Parent/Guardian Initials: _____

DIY Product Activities I understand that my child may participate in supervised DIY activities including but not limited to making sugar scrubs, soaps, lip glosses, body butters, body scrubs, bath products, and similar natural products.

I acknowledge that natural ingredients may still cause sensitivities or reactions.

Parent/Guardian Initials: _____

Personal Property

Avarie's Spa & Suites is not responsible for lost, stolen, or damaged personal belongings.

Parent/Guardian Initials: _____

Photography & Media Release

I grant permission for photographs or videos taken during services or parties to be used for promotional, marketing, website, or social media purposes.

YES

NO

Parent/Guardian Initials: _____

Party Deposits & Fees

I understand that:

- A \$100 non-refundable deposit is required for all parties.
- All parties include an additional \$30 service fee for professionalism, sanitation, sterilization, and spa preparation.
- Deposits secure the reservation date and staffing.

Parent/Guardian Initials: _____

ALLERGY DISCLOSURE FORM

1. Product Sensitivity Acknowledgment

I understand that spa products, natural ingredients, oils, lotions, soaps, fragrances, and DIY materials may contain ingredients that could cause irritation or allergic reactions.

Parent/Guardian Initials: _____

2. Ingredient Disclosure

I understand that Avarie's Spa & Suites uses child-friendly and natural-based products whenever possible, but cannot guarantee an allergen-free environment.

Parent/Guardian Initials: _____

3. Allergy Information

Please list ALL known allergies below:

No known allergies

Parent/Guardian Initials: _____

4. Skin Conditions or Sensitivities

Please list any skin conditions, sensitivities, or medical concerns staff should be aware of:

Parent/Guardian Initials: _____

5. Emergency Treatment Authorization

In the event of an allergic reaction or medical emergency, I authorize Avarie's Spa & Suites staff to seek emergency medical assistance if necessary.

Parent/Guardian Initials: _____

Medical Conditions Staff Should Know About:

Emergency Medical Consent

I authorize emergency medical treatment for my child if I cannot be reached immediately during a medical emergency.

Parent/Guardian Initials: _____

SERVICE CONSENT & BEHAVIOR ACKNOWLEDGMENT

Consent to Services

I authorize Avarie's Spa & Suites staff to provide spa services and supervised activities to my child.

Parent/Guardian Initials: _____

Child Supervision

I understand that children must remain respectful, cooperative, and follow spa safety instructions during services and activities.

Parent/Guardian Initials: _____

Right to Refuse Service

I understand that Avarie's Spa & Suites reserves the right to discontinue services if a child's behavior becomes unsafe, disruptive, aggressive, or inappropriate.

Parent/Guardian Initials: _____

Health & Wellness Confirmation

I confirm that my child is not currently experiencing contagious illness symptoms including fever, vomiting, severe rash, or other symptoms that could place others at risk.

Parent/Guardian Initials: _____

Parent/Guardian Understanding

I certify that I have fully read, understood, and voluntarily agreed to all terms outlined within this packet.

Parent/Guardian Initials: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____