



### Minor Consent Form

Minors are permitted to receive treatments at Touch to Heal Spa. A parent or legal guardian must be present in completing the Health History Form for the minor and to sign the policies.

Guidelines:

- Minors (guests between the ages of 13 and 17) can receive massage, facials, makeup, and waxing (not including bikini area) only with written consent from parent or guardian.
- The consenting adult, child and therapist will establish goals for the massage sessions(s).
- For guests ages 13-15, the parent or guardian must be present in the treatment room during the entire service.
- For guests ages 16-17 if both guest and parent or guardian are comfortable with child being in the treatment room by themselves, please initial here. \_\_\_\_\_. Otherwise parent or guardian should be in treatment room during each session.
- Appropriate etiquette/draping will be observed at all times during treatments.
- Guest Health History is filled out and signed. \_\_\_\_\_

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 medical, massage, facials, waxing, 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 Touch to Heal Spa or any of the registered therapists or estheticians that may be used by Touch to Heal Spa.

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 Touch to Heal Spa. I have accurately filled out the Guest Intake Form for the minor that is going to be receiving the treatment(s) today and if need be for any future dates with Touch to Heal 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 Touch to Heal Spa that information by a written letter either in person to Touch to Heal Spa or by Certified Mail.

SIGNATURE OF PARENT or LEGAL GUARDIAN

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print Name  
\_\_\_\_\_  
Date