

Allergy form

Client Details

Client: _____

Party Address: _____

Phone: _____

Guest of Honor: _____

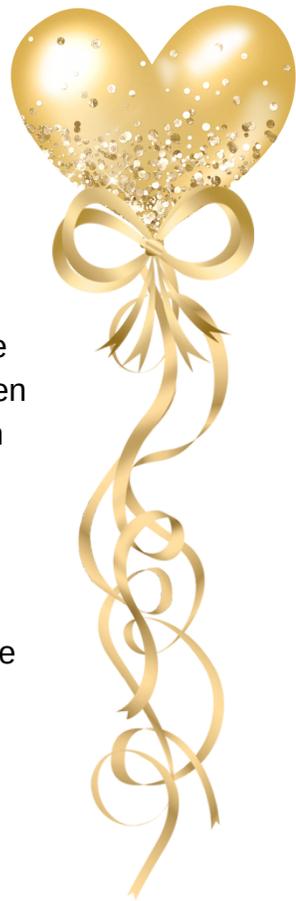
Agreement:

On today's date, _____ (Parent) enters into an agreement with
TWIRLS AND TIARAS SPA PARTY BUS, LLC in regards to Spa Parties & Entertainment.

_____ Allergies:

As a professional party planning company, we pledge to provide a safe environment for you and your guests and will treat them with superb service and respect.

TWIRLS AND TIARAS SPA PARTY BUS, LLC we take extreme care in ensuring that the products we use are as kid-friendly as possible. Nonetheless, it remains that some children may possibly be allergic to some things. It is the responsibility of the host parent/guardian to contact each party participant's parent/guardian to learn of any and all allergies and to inform TWIRLS AND TIARAS SPA PARTY BUS, LLC in writing prior to the event. It is recommended that the host parent/guardian purchase small samples of the products that will be used during the party/event and conduct a small skin test on all party participants prior to the event. If an allergic reaction occurs, that guest will not be allowed to participate in the party/event.





TWIRLS AND TIARAS SPA PARTY BUS, LLC assumes no responsibility for allergies relating to any food items, clothing, props, makeup, spa products, injuries or allergic reactions related to party participants that occur before, during or after the party/event.

I verify that I am the parent or guardian of the above-named child. I have fully read and understood this agreement, it's content, meaning and impact. It is understood that TWIRLS AND TIARAS SPA PARTY BUS, LLC their subsidiaries, associates, staff and/or volunteers are held harmless and are discharged from being held accountable for any and all legal actions, courses of action, claims and demands for any damage, theft, loss or bodily injury that may be sustained by participating in a TWIRLS AND TIARAS SPA PARTY BUS, LLC party or event.

I have read and understand the above.

Parent/Guardian

____/____/____
Date





I'm Allergic

form

My Child is Allergic!

Please do not allow him/her to have anything that has not been approved.

Name: _____

Allergic to: _____

Reaction: _____

Treatment: _____

EMERGENCY INSTRUCTIONS

Call 911

Name: _____ Cell: _____

Parent/Guardian

_____/_____/_____
Date