



## Salon Di Marco & Day Spa

### Consent to Treatment of Minor:

By signing this form, you certify that you are the parent or legal guardian of the child receiving the spa services. You acknowledge that you are financially responsible for the minor, and all statements contained in this consent form apply equally to yourself, and the minor. You acknowledge that you are aware of the health risks inherent in any form of hands on services provided from any like kind of medial or massage 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 Salon Di Marco & Day Spa.

You will be asked to help escort the minor to the treatment room and if needed to assist them in preparing for the spa service. Please complete the following Child Service Waiver. Make sure you have signed and dated both the Intake form and this waver form.

PLEASE PRINT CLEARLY:

I \_\_\_\_\_, certify that I am a parent or legal guardian of \_\_\_\_\_, who is \_\_\_\_\_ years of age. I grant permission for my minor child to receive the selected service at Salon Di Marco & Day Spa. I have accurately filled out the Intake form for the minor that is going to be receiving the spa services today. I am aware of this legal waiver that is in full effect with this signature for the person receiving the services as well as myself.

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

Date: \_\_\_\_\_