



Parental Consent Form

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

Initial all that apply:

_____ waxing

_____ massage

_____ facial

_____ nails

_____ body treatment

_____ personal training

_____ other _____

I agree not to hold Kneaded Relief Day Spa and Wellness or any of its employees responsible for any injuries, accidents, communication differences, conflicts or physical illness that may arise from the service(s). It is understood that this parental consent is being given in advance of all services. I also agree that Kneaded Relief Day Spa and Wellness is to exercise their best judgement as 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 services at Kneaded Relief Day Spa and Wellness.

Name

Date

Name

Date