



Parent/Guardian Consent and Release Form

I, _____, am the parent/guardian of _____.

I am aware that he/she is receiving spa services by _____, a
licensed/certified spa provider for the purposes listed here: _____

(examples: relaxation massage, stress reduction, foot baths, hot tub use etc...) I give my consent to allow him/
her to receive these services.

I understand that spa services are NOT a substitute for medical examination, treatment or diagnosis. For these
concerns, I will seek the advice of a medical professional. I accept responsibility for payment of all services
unless prior arrangements have been made. I agree to pay 50% for all scheduled appointments that are unable to
be kept unless notice has been given 24 hours prior.

SIGNATURE OF PARENT/GUARDIAN _____

TODAY'S DATE _____