

Parental Consent Form

I understand if my child is under the age of 18, I must consent on my child’s behalf for my child to receive spa services at Massages By Misty

I am aware that some massage services may require my child to partially disrobe. I hereby consent to the following:

Initials ___ I will be present at all times during my child’s massage or spa service and my child may undress to his or her comfort level for the purpose of the massage or spa service. I understand that my child will be draped appropriately during the course of the service. I affirm that I understand the nature of the service that will be provided to my child.

I understand the nature of the spa services to be rendered to my child and that the services given are for one or more of the following purposes: stress reduction, relief of muscular tension or spasm, increasing circulation. I understand that my child is responsible for monitoring his or her condition throughout out the spa services and should any unusual symptoms occur, my child will inform the service provider of the symptoms.

I further understand that the service providers do not diagnose illness, disease, or any other physical, mental, or skin-related conditions. As such, I understand that the service providers do not prescribe medical treatment or diagnosis. I understand it is recommended that my child see a physician for any physical or mental ailments that my child may have.

I agree that my child and I will hold harmless Massages By Misty for personal injuries or property damage, arising out of or related to unintentional or negligent conduct of the service provider, and hereby waive all claims, suits, losses, or related causes of action arising from such conduct for damages, including but not limited to, such claims that may result from injury during, or arising in any way from, the spa services.

In signing the Waiver of Claims and Liability Agreement, I affirm that I have read this Agreement in its entirety and that I understand the nature of the spa services that will be provided to my child. I also affirm that my questions regarding these spa services have been answered to my satisfaction.

Signature of Parent or Guardian: _____ Date _____

Printed Name of Parent or Guardian _____

Printed Name of Minor
