



Minor Consent & Release of Liability Form

In order for minors, between the ages of 12 and 17, to receive facial treatments at The Spa at Shangri-La Springs, a parent or legal guardian must complete and sign this form.

- Minors, between the ages of 12 and 17, can receive facial treatments only with the written consent of a parent or legal guardian.
- The consenting parent or legal guardian, child, and esthetician will discuss the type and extent of the facial treatment session(s).
- A parent or legal guardian **MUST** remain present in the treatment room with the child during the entire service.
- I have read and understand the facial treatment guidelines. Please initial here _____.

READ THIS FORM COMPLETELY AND CAREFULLY. By signing this form, you certify that you are the parent or legal guardian of the child receiving the facial treatment. You acknowledge that facial treatments may cause side effects such as skin reactions and are agreeing to let your minor child receive a facial treatment. You are agreeing that, even if The Spa at Shangri-La Springs uses reasonable care in providing this service, there is a chance your child may be injured by participating in this service because there are certain dangers inherent in the service which cannot be avoided or eliminated. By signing this form, you are giving up your child's right and your right to recover from The Spa at Shangri-La Springs or any of its estheticians in a lawsuit for any personal injury, including death, to your child or any property damage that results from the risks that are a natural part of the service. You have the right to refuse to sign this form, and The Spa at Shangri-La Springs has the right to refuse to let your child participate if you do not sign this form.

I (print name) _____, certify that I am the parent or legal guardian of _____, who is _____ years of age. I consent to my minor child receiving the facial treatment(s) from The Spa at Shangri-La Springs today. I have accurately filled out this Intake Form. I am fully aware of the legal waiver in effect with my signature for the child receiving the treatment(s) as well as myself.

Signature _____

Date _____