



## **CONSENT FORM**

### **For Facial and Nail Care Services**

I, \_\_\_\_\_(parent/guardian) hereby give my permission to \_\_\_\_\_(guest name) to use Spa Botanica's services at no liability to the spa. Regarding facials; no liability for results shall be taken as I understand adolescent skin is still changing and product may not have the desired affect due to this variable. Whether a facial or nail care service; I agree to accept responsibility for the above person ensuring said person follows all policies and procedures of the spa as other guests. I will ensure said person does not engage in any acts that would cause injury, accident, or concern for fellow spa guest's enjoyment of the spa. I further assume all financial responsibility for said person's services rendered at Spa Botanica.

Today's Date: \_\_\_\_\_

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

Staff Signature: \_\_\_\_\_