*All clients under the age of 18 are required by NC law to have a*

*parent or guardian complete this form prior to the session.*

By signing below, you agree that you are the parent or legal guardian of the minor receiving service(s) at The Garden Day Spa and Salon, LLC. You understand that you are required to remain at the facility for the entirety of the minor’s service(s). You will also be required, if needed, to assist the minor in preparing for his/her service(s). We may also request that you remain in the treatment room to supervise all interactions between the Massage Therapist or Esthetician and the minor.

You also agree that you have completed the appropriate Health History Form for the service(s) and have informed the service provider(s) of all medical diagnoses, symptoms, medications, and complaints associated with the minor receiving service(s).

Please PRINT clearly:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I am the parent or legal guardian of

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is currently \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years of age

 as of today. The minor’s date of birth is \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_.

I have completed the appropriate Health History Form for the above-mentioned minor as well as informed the Massage Therapist or Esthetician of all relevant medical history and concerns. I understand the scope of Massage Therapy and Esthetics and that it is not meant to diagnose, treat, or cure any conditions and is not a replacement for standard medical care. I give permission for my minor child to receive service(s) at The Garden Day Spa and Salon, LLC and agree to all the above terms.

PRINT Name of Parent or Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

We are very excited to serve you and your loved ones. We only want to provide the best care possible in our services. This step along with the Health History Form gives us information that is necessary whether or not it is obvious. Thank you very much for the attention and time you spent in completing this requirement. Normally, unless there has been a change in health information, this is only required once a year. Thanks again.

MINOR RELEASE FORM