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 **PARENTAL CONSENT / GUARDIAN CONSENT FORM**

Guest/ Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We offer a limited spa menu to teens, all guests under the age of 18 must bring with them a signed Guardian / Parental consent form prior to receiving any spa services.

Guests between the ages of 12 and 17 must wear bikini bottom and top, or shorts at all times.

Underage guests may be accompanied by a parent or legal guardian anytime.

I am the legal guardian / parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yyyy) who I hereby affirm is between the ages of 12 and 17 years of age as of the date of today’s treatment.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give Ganga Spa, and its licensed service providers, permission to perform therapeutic massage, facial, body treatments or waxing services (Spa & Salon Services) on my under 18 year old minor. I understand that some of these treatments require my minor to be dressed in such a way that the services can be properly performed and that the service provider will be acting in a professional manner.

I understand that before the treatment, I have the right to ask the service provider about the treatment and steps they will be doing to perform the service. I also have the right to be present in the room during the service, but will conduct myself in such a way as to allow the service provider to do their job without interruption or distraction.

I hereby request and authorize Ganga Spa, to allow my minor child to participate in the treatment(s) indicated on this form below. I have read and understand the policy as set forth above, and herby agree to abide by that policy and affirm that the above named person is fully capable of and able to comply with that policy.

I hereby accept full responsibility for his/her acts at all times.

Accepted and agreed to by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian / Parent (signature) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Legal Guardian / Parent (please print) Contact No:

Please mention the treatments that apply: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_