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Austin, Texas 78756



512.452.3500
www.HalinaSpa.com

Halina's Parental Consent Form

Here at Halina European Day Spa and Salon, we believe that everyone can benefit from receiving services, especially children. What better way to teach your child the importance of caring for themselves in a healthy and relaxing atmosphere? They will receive the same quality of service you have come to expect from Halina European Day Spa and Salon, with a few minor modifications to accommodate your child.

All persons under the age of 18 must have a parent or legal guardian fill out the Parental Consent Form. For children 15 years of age and under you will be asked to remain here at Halina European Day Spa and Salon for the duration of their service. You are welcome to enjoy a service yourself or take advantage of our amenities while you wait. You may also choose to be present in the room with your child at the time of service.

For children 14 years of age and younger, a parent or legal guardian must be present in the room at the time of service. Seating will be provided for you to relax for the duration of the visit. When able, you are more than welcome to schedule a massage service in same room as your child.

Your child will be paired with a technician of the same gender unless otherwise stated. Please wait with your child until the technician comes to pick up your child for the service. You will be asked to accompany them to the treatment room where they will perform a consultation and answer any questions you may have. If your child is older than 14 and you prefer to not stay in the room, the technician will escort you to one of our private waiting areas.

I, _____ give my permission as Parent/Guardian of _____ to receive the following spa services.

Initial All That Apply:

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Waxing/Tinting | <input type="checkbox"/> Massage | <input type="checkbox"/> Electrolysis |
| <input type="checkbox"/> Body Polish/Wrap | <input type="checkbox"/> Facial | <input type="checkbox"/> Hair Cut, Color or Highlight |
| <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Other _____ | |

You acknowledge that you are aware of the health risks inherent in any spa services that your child may receive and will not hold Halina European Day Spa and Salon responsible should any reactions or communication differences occur.

It is understood that this parental consent is being given in advance of all services. I also agree that *Halina European Day Spa & Salon* is to exercise their best judgment as to the manner and requirements of administering services to the above minor.

My signature below constitutes that: (1) I have read and understood and fully agree to the parental consent. (2) The proposed spa service has been satisfactorily explained to me and I have all the information that I desire. (3) I hereby give my authorization and consent for said minor child to receive a service at *Halina European Day Spa & Salon*. No warranty has been made as to the results to be obtained.

Name – please print

Date

Signature of parent or guardian

Date