

Magical Moments Spa & Photo Consent Form

Please notify a member of Magical Moments Personnel if your child has any allergies or has sensitive skin so our staff is aware, and we can prepare accordingly.

Waiver of Claims and Liability Agreement (please initial)

_____ 1. I understand the nature of the spa services to be rendered to my child(ren), and that the services provided are in my child's best interest.

_____ 2. I understand the services of the KIDS spa salon and game room and am aware of the packages and prices as well as the nature of the services.

_____ 3. I understand that my child(ren) is participating in a fun, kid-friendly, kids spa service.

_____ 4. I grant permission to **Magical Moments** to take photographs of my child(ren) while attending the spa and playroom and allow photos to be posted on websites and social media platforms.

_____ 5. I agree that my child(ren) and I will not hold liable **Magical Moments** and its staff for personal injuries or property damage emerging from or related to unintentional or negligent conduct by the service provider, and hereby waive all claims, suits, losses, or related causes of action arising from such conduct for damages, including, but not limited to, such claims that may result from any injury during our time in the spa or by any of the spa services.

By signing this Waiver of Claims and Liability Agreement, I affirm that I have read this Agreement in its entirety and that I understand the nature of the spa services that will be provided to my child(ren). I also affirm that my questions regarding the services and prices have been answered to my satisfaction.

Print Name: _____

Signature: _____

