



# SPA DAY!

## Participant Information:

Name of Minor Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Parent/Guardian Information:

Name of Parent/Guardian: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Event Details

Event: [Insert Event Name]

Date: [Insert Date]

Location: reTreat Salon and Spa, 198 Cirby Way Suite 135, Roseville, CA 95678

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Dear Parent or Guardian,

I understand that my child will be receiving some or all the following services at reTreat Salon & Spa: facial, manicure, pedicure, and/or haircut.

I, \_\_\_\_\_ (Parent or Guardian Name), give my permission and release reTreat Salon & Spa from all liabilities to perform the above services on \_\_\_\_\_ (Minor's Name).

Any services I would not like my child to participate in please list:

Thank you, and we look forward to creating a day your child will never forget!

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## Photo Release:

I also grant permission for reTreat Salon and Spa and God Starr to take photographs and videos during the event. I understand that these images may be used for promotional purposes, including but not limited to their website, social media, and other marketing materials.

I waive any rights to compensation or ownership of these images and understand that they may be used without further notice.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_