



Splatter Paint Adventure Permission and Release

Participant Information:

Name of Minor Child: _____

Date of Birth: _____

Parent/Guardian Information:

Name of Parent/Guardian: _____

Relationship to Minor: _____

Phone Number: _____

Event Details

Event: Splatter Painting Adventure

Date: Friday, October 3, 2025 at 6:30pm - 7:45 pm

Location: Dipped N Color 122 I St, Sacramento, CA 95814

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 Godstarr from all liabilities to perform the above services on _____ (Date of Event).

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!

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: _____

Transportation Release:

As the parent/guardian of the child named above, I give consent to the leadership of the activity to transport my child during the event through walking, vans, buses or other forms of transportation available during the event.

Signature of Parent/Guardian: _____

Date: _____
