



Parental Consent Form

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

Initial All That Apply:

___ Waxing ___ Massage ___ Body Polish/Wrap ___ Facial ___ Hair Coloring
___ Lash/Brow Extensions or Tinting Other _____

I agree not to hold *Mahogany Salon and Spa* or any of its employees responsible for any injuries, accidents, communication differences, conflicts or physical illness that may arise from the service.

It is understood that this parental consent is being given in advance of all services. I also agree that *Mahogany Salon and Spa* 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 service at *Mahogany Salon and Spa*.

Name Date

Signature of parent or guardian Date