



AMY'S SALON AND SPA  
*experience natural beauty*  
AVEDA CONCEPT SALON

## PARENTAL / GUARDIAN CONSENT

### Minor (under age 18) Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

### Parent / Guardian Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

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

### CONSENT

I, \_\_\_\_\_ (parent/guardian - please initial) do Consent to the services and or procedures to be carried out by Amy's Salon and Spa, for the above listed minor child. Please list any services/procedures to be excluded from this consent: \_\_\_\_\_

I acknowledge, understand, and agree to the consent of this form and take full responsibility for my actions. Thus, absolving all other parties of their responsibilities, if any, associated with the supply of the products and the service(s) provided.

This consent is effective from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ thru \_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
DATE DATE

I understand that this is a beauty service and there are no refunds. INTIALS: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (Salon/Spa Employee): \_\_\_\_\_ Date: \_\_\_\_\_