



# Parent/Adult Guardian General Consent Waiver Form

I, \_\_\_\_\_, understand that the service(s),  
(Name of Parent/Adult Guardian)

\_\_\_\_\_ that are being provided for my minor  
(Identify Service(s) Being Provided)

child, \_\_\_\_\_, are being provided for the basic  
(Name of Minor Child)

purpose of cosmetic enhancement, relaxation, stress reduction, and/or relief of muscular tension. I further understand that the services provided should not be construed as a substitute for medical examination, diagnosis, or treatment and that my minor child should see a physician, chiropractor or other qualified medical specialist for mental and/or physical ailments that I am aware of.

I understand that the esthetician or massage therapist (face/body services) is not qualified to perform skeletal adjustments, diagnose medical conditions and/or prescribe medication or nutritional supplements, and that nothing said in the course of the session should be construed as such.

Because face/body/wax services may be contraindicated under certain conditions, I affirm that on behalf of my minor child, I have stated all known medical conditions and answered all questions either asked by the technician or on the Guest Pre-Treatment Form honestly. I agree to keep the technician updated as to any changes in my minor child's medical profile and understand that there shall be no liability on the part of the therapist should I forget to do so.

I agree that I may be present while services are being provided to my minor child age 16 and under.

**I have read this Waiver and fully understand its content and meaning.**

\_\_\_\_\_  
Parent/Adult Guardian Name (Print)      Parent/Adult Guardian Signature      Date

\_\_\_\_\_  
Technician Name (Print)      Technician Signature      Date

\_\_\_\_\_  
Manager Name (Print)      Manager Signature      Date