



STAFF USE ONLY

SPArty Date & Time: _____

Guest Liability Waiver

Birthday Girl's Name: _____ Ages: _____

Parent/Guardian Name: _____ Phone Number: _____

Address: _____ Zip Code: _____

Number of Party Participants: _____ Party Package: _____

Date of Event: _____ Email Address: _____

How did you hear about us?

____ Someone I know had a party here

____ Advertisement

____ Social media

____ Community Event

____ Other _____

Waiver of Claims and Liability Agreement (please initial)

____ I understand that my child is participating in a fun, kid-friendly, pretend spa service.

____ I understand that I must pay a deposit at the time of booking that is non-refundable if I should cancel.

____ I agree that my child and I will hold harmless **SPArty Girls** and its staff for personal injuries or property damage, arising out of or related to unintentional or negligent conduct of the service provider, and hereby waive all claims, suits, losses, or related causes of action arising from such conduct for damages, including, but not limited to, such claims that may result from my injury during, or arising in any way from, the spa services.

In signing this Waiver of Claims and Liability Agreement, I affirm that I have read this Agreement in its entirety and that I understand the nature of the spa services that will be provided to my child.

I also affirm that my questions regarding these spa services have been answered to my satisfaction.

Skin Allergies

As part of the experience, age appropriate makeup will be topically applied. This includes, but not limited to, eye shadow, lip gloss and blush. Our skin products are for sensitive skin and extremely safe for children, but please make **SParty Girls** aware of any allergies prior to application so that we can prepare accordingly. Makeup products used are hypoallergenic and makeup applicators are new and disposable. Any skin condition should be reported by parent to. Parent agrees to release the **SParty Girls** from liability for any skin complications due to allergic reactions.

Food Allergies

Your child will be participating in spa like and entertaining activities. Several of these activities involve food products as part of the experience. We know that many children have allergies and some of these allergies can be life threatening. We take many precautions to ensure that all of the children are safe. **SParty Girls** will not be held responsible for any allergic reaction or life threatening incident including death that may occur. Therefore, we are requiring return of this permission slip before your child will be able to participate in any food-related activities. If your child has any known food allergies or intolerances that will prevent her from participating in these activities, we will provide an alternate option at your request. Please complete the bottom of this permission slip.

Does your child have food allergies/intolerances? ____ Yes ____ No

Photo Release

I give **SParty Girls** permission to use my child's likeness, image, voice, and/ or appearance as such may be embodied in any pictures, photos, video recordings, digital images, and the like, taken or made on behalf of Pretty Pink Party activities. I agree that **SParty Girls** has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with **SParty Girls**. These uses include, but are not limited to, reprints, publications, advertisements, social media and any promotional materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release **SParty Girls** from any and all claims which out of or are in any way connected with such use.

Our staff will be taking photographs and videos of the children and the event. The photos taken at this event may or may not be shared on our website and social media pages to promote **SParty Girls**.

By checking YES, you give **SParty Girls** permission to use your child's photograph publicly to promote **SParty Girls**. You also understand there will be no royalty, fee or compensation for the use of these photographs.

By checking NO, you declare your child's photograph may not be used or published by **SParty Girls**.

I have read and understood this consent and release.

Birthday CHILD's Name: _____ Child's Age _____ Child BIRTH DATE _____

Email address: _____ Phone #: _____

Parent's Signature _____

Skin Allergies: _____ Food Allergies: _____

Photo Release:

____ YES, you may take photographs

____ NO, please do not photograph my child

1. Child's Name: _____ Parent Signature _____

Parent email address _____ Parent Cell # _____

Skin Allergies: _____ Food Allergies: _____

Photo Release:

____ YES, you may take photographs

____ NO, please do not photograph my child

2. Child's Name: _____ Parent Signature _____

Parent email address _____ Parent Cell # _____

Skin Allergies: _____ Food Allergies: _____

Photo Release:

____ YES, you may take photographs

____ NO, please do not photograph my child

3. Child's Name: _____ Parent Signature _____

Parent email address _____ Parent Cell # _____

Skin Allergies: _____ Food Allergies: _____

Photo Release:

____ YES, you may take photographs

____ NO, please do not photograph my child

4. Child's Name: _____ Parent Signature _____

Parent email address _____ Parent Cell # _____

Skin Allergies: _____ Food Allergies: _____

Photo Release:

____ YES, you may take photographs

____ NO, please do not photograph my child

5. Child's Name: _____ Parent Signature _____
Parent email address _____ Parent Cell # _____

Skin Allergies: _____ Food Allergies: _____

Photo Release:

☐ YES, you may take photographs
☐ NO, please do not photograph my child

6. Child's Name: _____ Parent Signature _____
Parent email address _____ Parent Cell # _____

Skin Allergies: _____ Food Allergies: _____

Photo Release:

☐ YES, you may take photographs
☐ NO, please do not photograph my child

7. Child's Name: _____ Parent Signature _____
Parent email address _____ Parent Cell # _____

Skin Allergies: _____ Food Allergies: _____

Photo Release:

☐ YES, you may take photographs
☐ NO, please do not photograph my child

Additional Girls:

8. Child's Name: _____ Parent Signature _____
Parent email address _____ Parent Cell # _____

Skin Allergies: _____ Food Allergies: _____

Photo Release:

☐ YES, you may take photographs
☐ NO, please do not photograph my child

9. Child's Name: _____ Parent Signature _____
Parent email address _____ Parent Cell # _____

Skin Allergies: _____ Food Allergies: _____

Photo Release:

☐ YES, you may take photographs
☐ NO, please do not photograph my child