THE PAMPER PARLOUR PARENTAL WAIVER AND CONSENT WAIVER

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate in the party and party events. I understand that there are certain risks of injury inherent with this party and event as well as other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the event and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict participation in these party activities.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless The Pamper Parlour and its staff and representatives for any injury that may be suffered by my child in the normal course of participation in the party and the activities incidental thereto, whether the result of negligence or any other cause.

I acknowledge that during a pamper party, there will be an adult present. The responsibility to monitor the child will fall on the guardian that is present during the party session. Pamper Parlour is not responsible or liable for any injury or incident that occurs during a pamper party, only to provide the service.

I acknowledge that I understand the child will have beauty treatments performed on them that may include, but not limited to, manicures pedicures, makeup, nail polish, face mask, skin care, hair care. I agree to photos and videos being taken of my child during the party for use on our website and social media.

I give permission to my child to participate in food related activities and special occassions during this pamper party where food is consumed. I am confirming that I will have an adult, parent or guardian present during the party to monitor a child with food or product allergy. And agree this is not a responsibility of The Pamper Parlour

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alergies Yes [ ] No [ ]

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] I give permission for my child to be included in photographs and or video clips

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