

Dear Parent or Guardian:

In order for your child to receive a Sacarra Salon spray tan, we need your consent and involvement in helping your child have a rewarding and safe experience. Please carefully read and sign this parental consent form. If you have any questions please feel free to ask!

Name of child _____

Birth Date _____

Known Allergies/Intolerances _____

PERSON GRANTING CONSENT

Name _____

Relationship to Child _____

Phone _____

- I understand that my child will be receiving a spray tan from a certified spray tan professional who has undergone the necessary training to complete this service and provide suggestions for maintaining the spray tan after the service
- I understand that, as part of this service, my child will be sprayed with an atomized mist over their entire body, and that my child MUST wear any protective items provided by the spray tan technician
- I understand that my child MUST wear some form of underwear during the entire spray tan service
- I acknowledge that I have listed out, in full, my child's known allergies and intolerances, and I understand that the spray tan technician can not be held responsible for any reactions resulting from an omission from this provided list

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Parent/Guardian's Full Name (please print) _____

Signature: _____

Date: _____