

Atlanta Colonic & Massage - Addendum

Consent Form for Services of a Minor Child

Note: A Standard Health Questionnaire must also be completed for each minor child prior to receiving any Spa Services.

I do hereby state and affirm under penalty of law that:

- The below-named minor child is at least 12 years of age.
- The below-named minor child has no physical, medical, physiological, mental, emotional, psychological or other condition which may cause harm or be aggravated by the agreed upon Spa Services.
- I shall not hold the service provider liable in any way either civil and/or criminal, for any Spa Services provided to the below-named minor child.
- The parent or legal guardian of the below listed minor child will accompany and be in sole direct control of all services provided to the minor child.
- I acknowledge that a doctor's prescription is required for a minor child to receive a colonic (Colon Hydrotherapy) or InfraRed Sauna.
- I am the parent or legal guardian of the below listed minor child.

I affirm the above statements to be true and correct. I do hereby voluntarily give permission and consent to allow Spa Services to be provided to below-named minor child.

Minor Child's Name:

_____ Date of Birth: ____/____/____ Age: ____
Print (First M.I. Last) (dd / mmm / yyyy)

Parent or Legal Guardian:

Signature: _____ Date: ____/____/____
(dd / mmm / yyyy)

Name: _____ Relationship _____
Print (First M.I. Last)

This consent is effective from the above date, unless specifically withdrawn in writing.

Witness: (May not be a parent, guardian or children listed above)

Signature: _____ Date: ____/____/____
(dd / mmm / yyyy)