



2550 Sandy Plains Road  
Suite 125  
Marietta, GA 30066  
678-905-7377

## Parental Consent

I \_\_\_\_\_, give Invigo Day Spa LLC, and its licensed service providers, permission to perform therapeutic massage, facial, body treatments or waxing services on my under 18 year old minor. I understand that some of these treatments require my minor to be dressed in such a way that the services can be properly performed and that the service provider will be acting in a professional manner.

I understand that before the treatment, I have the right to ask the service provider about the treatment and steps they will be doing to perform the service. I also have the right to be present in the room during the service, but will conduct myself in such a way as to allow the service provider to do their job without interruption or distraction.

Client Name (minor): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_