



BellaSandra Beautique

Agreement and Acknowledgement of Risk

Name: _____

Address: _____

Phone #: _____ Email: _____

List allergies of Participant (if any): _____

I, the undersigned, understand and acknowledge both known and unknown risk of any allergic reactions to any food products or body products used on the participant. Should your child have any allergies or allergic reactions to any products or food, please inform all parties.

I hereby voluntarily and expressly release, indemnify, forever discharge and hold harmless Maria Scenna, as well as any Assistant and Hostess of the party from all liability, claims, demands, causes or rights of action whether personal to Maria Scenna or a third party, which are in any way connected with participation of this activity.

I, the undersigned, acknowledge and certify that I have had sufficient opportunity to read the entire agreement and acknowledgement of risk, that I understand its content and that I execute it freely and without duress of any kind and agree to the terms herein stated.

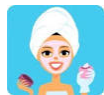
I hereby give my child permission to attend and participate in these activities.

Parent/Guardian Signature _____

Date _____

Child's Name _____

Date of Birth _____



NOW IT'S TIME FOR SOME SPA FUN!

