

## Child Service Waiver

Here at The Well Spa, we believe that everyone can benefit from receiving massage and facials, especially children. What better way to teach your child the importance of caring for themselves in a healthy and relaxing manner? We gladly will provide our 50 minute Relax Me Massage or Facial for children ages 12 and above. They will receive the same quality of service you have come to expect from The Well Spa, with a few minor modifications to accommodate your child.

All persons under the age of 18 must have a parent or legal guardian fill out the Health Release form as well as a Child Service Waiver. You will be asked to remain here at the Well Spa or Sports Center for the duration of the service. You are welcome to enjoy a service yourself, or take advantage of our amenities while you wait.

Your child will be paired with a technician of the same gender. Please wait with your child in the locker room, and make sure they are clothed in a swimsuit under their robe for either service. When the technician comes to pick up your child for the service, you will be asked to accompany them to the treatment room where they will discuss the Health Release Form and Child Service Waiver with you before the service. If your child is older than 14, the technician will escort you back to the locker room for the duration of the service.

For children 14 years of age and younger, a parent or legal guardian must be present in the room at the time of service. You may either schedule a duo massage, so you are both receiving a service at the same time, or you may quietly observe from a stool in the corner of the room.

Please complete the following Child Service Waiver. Make sure you have signed and dated both the Child Service Waiver and the Health Release Form. Without a signature from a parent or legal guardian, we will be unable to provide your child with their service.

By signing this form I certify that I am the parent or legal guardian of the child receiving the spa service. I acknowledge that I am aware of the health risks inherent in any spa services that my child may receive, and waive any and all claims to damages or injuries that myself or my child may have against Grand Geneva Resort, its owners and affiliates, employees, and agents for any and all injuries suffered by myself or my child while visiting The Well Spa. I have read this form and understand that by signing this form, I am giving up certain legal rights and/ or remedies.

I, \_\_\_\_\_, certify that I am a parent or legal guardian of \_\_\_\_\_, who is \_\_\_\_\_ years of age. I grant permission for my minor child to receive the selected service from The Well Spa at Grand Geneva Resort under the conditions mentioned above. I have accurately filled out the Health Intake Form for the minor receiving the service, and I am aware of the legal waiver that is in full effect with this signature for the person receiving the service as well as myself.  
Signature of Parent or Legal Guardian

\_\_\_\_\_ Date \_\_\_\_\_