

*Every child must have a release form filled out and signed and brought to the party.*

**Photo Release Form for Minors**

I give Royal Mobile Spa, permission to use my child’s likeness, image, voice, and/ or appearances as such may be embodied in any pictures, photos, video recordings, digital images, and the like, taken or made on behalf of Royal Mobile Spa, party activities. I agree that Royal Mobile Spa has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with Royal Mobile Spa. These uses include, but are not limited to, reprints, publications, advertisements, social media and any promotional materials in any medium now known or later developed, including the internet. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release Royal Mobile Spa, from any and all claims which out of are in any way connected with such use.

**Makeup Consent Form**

Royal Mobile Spa requires you the Parent to print and sign this waiver. As part of the Spa experience, age appropriate makeup and spa treatment products will be applied. This includes, but not limited to lip gloss, eye shadow, and blush. All makeup applicators are new and disposable.

**Food Allergy Permission Slip**

​Your child will be participating in various activities on the Royal Mobile Spa. Additionally, some of the activities involve food products as part of the experience. We take every precaution on the Royal Mobile Spa to ensure that our girls are safe. Royal Mobile Spa will not be responsible for any allergic reactions or life threatening incident including death that could occur. Therefore, Royal Mobile Spa, would appreciate if you would complete and return this consent/permission slip form before your child can participate in any food-related activities. If your child has any known food allergies that may prevent her from participating in these activities, we will provide an alternative option per your request.

I have read and understood this consent and release.

1.Parent/Guardian’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.Child’s Name and Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.Sibling’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_