

Minor Waiver

Mandara Spa/Elemis/bliss spa welcomes teenagers between the ages of 12 and 17 to enjoy our Spa and Salon services. The program is designed to educate our younger guests on skin and body care.

- All minors must have a parent or legal guardian's written consent before receiving spa or salon treatments. A parent or legal guardian must be present when signing up a minor for treatments and must sign a Parent Waiver (below) prior to treatments being rendered.
- All minor guests receiving any treatment are required to wear bathing suits or underwear during treatments.
- All 16 & 17 minor treatments are performed by same gender therapists.
- For teenagers aged 13-15, parents are required to be present in the treatment room for the duration of the treatment or may choose to enjoy a similar spa service side-by-side, if available. For teenagers 16-17, parents must be on spa premises for the duration of the spa service.
- Minor guests are allowed to receive selected treatments only. No deviations from the menu are allowed.
- Mandara/Elemis/bliss Spas offers waxing to Minors under the age of 18 However, no bikini area waxing is permitted
- Guests must be at least 18 years of age to utilize the spa facilities including, steam room, sauna, Jacuzzi.
- Salon services are available to guests of all ages.
- Minors under the age of 18 are not permitted to utilize the fitness center facilities or participate in exercise classes.

PARENT – WAIVER

I AM THE PARENT OF	, Guest room No.:	, born
on/ who I hereby affirm is 1	between the ages of 12 and 17 years of	of age as of
this date. I hereby request and authorize (Mandara/Elemis	s/bliss) to allow my minor child to pa	articipate in
selected spa treatments. I have read and understand the M	Mandara/Elemis/bliss policy as set f	orth above,
and hereby agree to abide by that policy and affirm that the	above named person is fully capable	of and able
to comply with that policy. I hereby accept full responsibilit	ty for his/her acts at all times.	

ACCEPTED AND AGREED TO

By parent (signature): _____

Name of parent/legal guardian (print): Date: Date:
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