



BIRTHDAY CELEBRATION WAIVER AND RELEASE

Thank you for choosing Maxim Spa & Salon for your Birthday Celebration in consideration of being allowed to use the spa & salon, the undersigned, on his or her own behalf and on behalf of the minor participant(s) identified below, hereby agrees to the following terms and conditions:

1. I, for myself and the minor participant(s) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release, hold harmless, and forever discharge Maxim Spa & Salon, its employees, owners, and any and all other persons and entities acting on its behalf (collectively, the "Released Parties"), from any and all claims, actions, damages, injuries, liabilities, cost or expenses, including, but not limited to, attorney's fees and court costs which are related to or arise out of (i) participation or use of the Maxim Spa & Salon facilities and services which may include, but are not limited to, manicures, pedicures, micro zone facials, hair styling and make up application (ii) acts, omissions to act, or negligence of the Released Parties; and that we now and forevermore relinquish and waive any and all rights that we may have to sue or bring any legal action or claim against the Released Parties.
2. Should it be necessary, in the opinion of any Maxim Spa & Salon employee, or other Maxim Spa & Salon representative, to render first aid or other medical assistance to myself or any minor participant(s) listed below, I hereby grant permission for such aid or assistance to be rendered.
3. I hereby certify that I am over 18 years of age and that I have the legal right, capacity, and authority to sign this waiver individually and on behalf of any minor participant(s) listed below, and I agree to indemnify and defend the Released Parties in the event that any other party seeks to commence any action against any Released Party based upon such other party's lack of consent to the participation of the minor(s) listed below.

My Name: _____ Child's Full Name: _____ DOB: / /

Address: _____ Child's Full Name: _____ DOB: / /

Phone Number: _____ Child's Full Name: _____ DOB: / /

Email Address: _____

Signature: _____ Date: _____

CELEBRATE • LAUGH • MEMORIES • FUN