

# *GIRL TALK at The Spa*

(Please sign and return)

Child's Name \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Emergency Contact \_\_\_\_\_

**Release:** In case of emergency and I cannot be reached, I authorize the staff of Girl Talk to obtain whatever medical treatment deemed necessary for the welfare of my child. I further understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover these fees, hereby giving my consent to my child's participation in all the activities of Girl Talk and hereby absolve, release and hold harmless Girl Talk and all of it's attorneys, employees, owners, successors assigns and other affiliates from any and all liability for any injuries or damages that my child may suffer in connection with the activities sponsored by Girl Talk or in which my child may participate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_