

RELEASE AND WAIVER OF LIABILITY AGREEMENT FOR MINORS

I, _____, parent or legal guardian of _____, in consideration of his/her participation in treatments at Salt Spa - St. Augustine, hereby release and hold harmless Salt Spa - St. Augustine and Pawelek LLC and its respective directors, officers, employees, agents, successors and assigns, from and against any and all claims, damages liabilities, costs and expenses, including reasonable attorney's fees I incur as a result of my child's participation in any treatment sessions at Salt Spa - St. Augustine including any injuries resulting from any negligent acts or omissions on the part of Salt Spa - St. Augustine and Pawelek LLC or its agents and employees. I acknowledge that I shall be solely responsible for the safety and supervision of my child(ren) while at Salt Spa - St. Augustine. I understand that the salt spa has rocks and salt on the floor of the spa as well as rock walls. The principals and employees of Salt Spa - St. Augustine and Pawelek LLC are not responsible for the supervision of my child while at Salt Spa - St. Augustine. I have read or have been made aware of the safety rules pertaining to the participation in treatments by my child in Salt Spa - St. Augustine, and that I understand these rules and accept the risks which are inherent in the participation in the aforementioned treatments.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND Salt Spa - St. Augustine and Pawelek LLC AND SIGNS IT OF MY OWN FREE WILL.

PARENT OR GUARDIAN'S GUARANTEE

I represent and warrant that I am the parent or legal guardian of the child named above, that I am of legal age and that I have read and fully understand the foregoing release and agree on behalf of my child and myself, our heirs, successors, assigns and legal representative to be bound by the terms there of.

Child's Name: _____ Parent's Name (Print) _____

Signature of Parent/Legal Guardian: _____ Date: _____

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