MINOR LIABILITY RELEASE FORM

All persons under the age of 18 are required to have a parent or guardian fill out this form.

By signing below, you are certifying that you are the parent or legal guardian of the minor receiving therapeutic massage.

You also understand that you are required to remain at the facility for the entirety of the minor's treatment(s), and/or that you may be required to assist the minor in preparing for his/her treatment(s), and/or that you are to remain in the treatment room to supervise all interactions between the therapist and minor.

You also agree that you have informed the massage therapist about all relevant medical history, symptoms, medications, and/or concerns associated with this minor.

PLEASE PRINT CLEARLY:

I _____, certify that I am the parent or legal guardian of _____, who is ____ years of age. I understand the scope of massage therapy and that it is not meant to diagnose, treat, or cure any conditions and is not a replacement for standard medical care. I give permission for my minor child to receive treatment(s) at this facility and agree to all the above terms.

Signature _____

Date _____