

MINOR CONSENT FORM



STUDIO OPERATOR NAME: *Elements Massage Bannockburn* ("OPERATOR")

CLIENT NAME:

CLIENT DATE OF BIRTH:

PARENT/GUARDIAN NAME:

TERMS & CONDITIONS

BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE FOLLOWING:

Operator (and its successors and assigns) dba Elements Massage™ and its certified massage therapy staff to administer massage therapy as deemed necessary to my son/daughter, who is listed above. I also approve of any future treatment sessions. I understand, that as the parent or guardian, I have the option to remain in the treatment room during the session or to enter at will during the session, provided I knock quietly before doing so.

Signature	Print Name	Date	Therapist Initials
-----------	------------	------	--------------------

Bannockburn
847.607.8362
2519 Waukegan Road
at the corner of Half Day (22) and Waukegan Rd
elementsmassage.com/bannockburn