

MINOR CONSENT FORM

Client Name
Client Date of Birth
Parent/Guardian Name
Additional Information for Therapist

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 will administer massage therapy as deemed necessary to the minor listed above. I also approve of any future massage sessions. Minors of all genders will be properly draped by the sheet and/or blanket during the session and will be required to wear gym shorts and a sports bra or tank top during the massage session. The therapist will only uncover the part of the body that is being worked on during the massage session. I understand that, as the parent or guardian, I must remain in the treatment room during the massage session.

Name of Studio Operator: Seattle MFR, LLC dba Elements Massage

("Operator")

Studio Address: 10575 NE 12th St. #17, Bellevue, WA 98004

("Studio")

Parent/Guardian Signature	Parent/Guardian Print Name	Date	MT Initials
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