

# MINOR CONSENT FORM



STUDIO OPERATOR NAME: WM Chandler Investments LLC, dba Elements Massage ("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
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Chandler Village  
**480.917.4880**  
3431 W Frye Rd Suite 6  
South of the Chandler Mall  
[elementsmassage.com/chandler-village](http://elementsmassage.com/chandler-village)

*Each Elements Massage™ studio is independently owned and operated.*