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. The minor will be properly draped by the sheet and/or blanket during the session and will be required to wear undergarments 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: Elements Massage of Easton ("Operator")
Studio Address: 4171 Weaverton Ln. ("Studio")

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

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Last Modified: November 14, 2016 4:39 PM