

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 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.

**Name of Studio Operator:** Elements Massage Meridian  
**Studio Address:** 1505 S Eagle Rd Suite 100, Meridian, ID 83642

**("Operator")**  
**("Studio")**

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