

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: Revitalize, LLC d/b/a Elements Massage Newton
Studio Address: 1290 Washington Street , West Newton, MA 02465

("Operator")
("Studio")

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