

# Knot Be Gone Therapeutic Massage Minor Intake Consent Form

Client Name

(Minor): \_\_\_\_\_

Client Date of Birth (Minor): \_\_\_\_\_

Parent/Guardian Name

(Please Print): \_\_\_\_\_

Today's Date: \_\_\_\_\_

By signing below, I hereby authorize Knot Be Gone Therapeutic Massage and its certified massage therapist 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 to 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.

Parent/Guardian

Signature: \_\_\_\_\_

Date: \_\_\_\_\_