PRESTIGE MASSAGE LLC
CLIENT AGREEMENT & MINOR CONSENT FORM

Updated 5/19/26

I, _____, am the parent or guardian having legal custody of

_____ who is _____ years of age as of today. I hereby authorize Anthony Reif to administer massage treatment for stress reduction, relaxation, and general wellness. I verify that the minor client is of sufficient age and aptitude as to provide verbal feedback to the practitioner before, during and after the massage.

I understand that as the parent/legal guardian, **I have the right to remain present and observe treatment at any & all times**. I understand that the **therapist, parent/guardian, and/or the minor has the right to stop the massage session at any time for any reason**. I understand that **professional draping will be used throughout the massage** as laid out by state law (N.M. Admin. Code § 16.7.2.8 - CODE OF PROFESSIONAL CONDUCT).

I understand that while massage has many benefits that this massage is **not intended to diagnose, treat, cure, or prevent any medical conditions.**

I will make known any medical conditions, current & previous injuries, and medications before the massage. I understand that the therapist is not a physician and I agree to consult and obtain a referral from my primary care physician before getting a massage if medical safety is in any way in question.

I understand that depth of pressure can always be adjusted and **I agree to be vocal about my need for more or less pressure during the massage** so the therapist can adjust accordingly. I understand that deep pressure and more advanced work may cause soreness lasting for a few days following the massage, in rare cases up to a week, and that deep pressure may not be right for everyone, especially during the first session after a prolonged period without massage.

I have a clean and accessible space to comfortably fit a massage table and allow room to walk around it (approximately 6x7’ space). I understand that the massage table will leave indents in carpet and that the distributed weight over four legs can be a lot for some types of flooring.

I understand that this massage will use coconut, sweet almond, additional oils and natural ingredients. **I will make known to the therapist any possible allergies** before scheduling an appointment.

I understand that though not intentional, some oil may end up on the floor or on anything within a few feet of the massage table. This oil may potentially damage these items/surfaces.

I understand that **health and cleanliness are of the utmost importance and will provide a safe and relaxing environment** including but not limited to removing any danger and/or unpleasantness: smells, lighting, noise, intrusive/aggressive pets, etc.

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I understand that the **privacy of all medical information is protected by HIPAA and will not be shared with anyone**. I acknowledge that this document and any relevant notes/information are available to me on request. I agree to communicate all related issues with my licensed massage therapist before, during, and/or after the massage and to mediation for any dispute that may arise. I understand that any and all sexual misconduct is strictly prohibited by law and will not be tolerated.

I understand that communication is encouraged and appreciated.
I will be vocal at any time for any reason regarding comfort and safety before, during, and after the massage.

Client Name:

Date of Birth:

_____ _____
Printed Name Date

_____
Signature

Parent/Legal Guardian Consenting:

_____ _____
Printed Name Date

_____
Signature