Hands On OC Massage & Bodywork

**with Michael Roberson, CMT, BCTMB**

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**Minor Release Form**

Client’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Becomes 18 years of Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All persons under the age of 18 are required to have a parent or guardian fill out this form.**

By signing below, you agree that you are the parent or legal guardian of the minor receiving treatment. You understand that you are required to remain within the office for the entirety of the minor’s treatment. **You may be requested or opted to be in the treatment room to supervise all interactions between the massage therapist and the minor.**

You also agree that you have completed the Intake Form and have informed the therapist of all medical diagnoses, symptoms, medications and complaints associated with the minor receiving treatment.

Please note during the session, the minor is in control of how they wish to be touched or not.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I am the parent or legal

guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is \_\_\_\_\_\_\_\_\_\_\_ years of

age as of today. I have completed the Intake Form for the above-mentioned minor and informed

the therapist of all relevant medical history and concerns. I understand the scope of massage

therapy and that it is not meant to diagnose, treat, or cure any conditions and is not a replacement

for standard medical care. I give permission for my minor child to receive treatment by the

massage therapist and agree to all the above terms.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

California Massage Therapy Council (CAMTC 4487) **National Certification Board for Therapeutic Massage and Bodywork (NCBTMB 397447)**

American Massage Therapy Association (AMTA 158318), Association of Bodyworkers and Massage Professionals (ABMP 861487)

Newport Beach Business License BT30062610