MINOR CONSENT AND RELEASE FORM FOR MASSAGE THERAPY
Zenergy Spa LLC
California Business & Professions Code Compliant

1. Client & Guardian Information

- **Minor's Full Name: _____**
- **Date of Birth: //_____ Age: _____**
- **Parent/Legal Guardian Name: _____**
- **Phone Number: ( ) _____ - Email: _____**

2. Practice Policies for Minor Clients

Please initial next to each statement to acknowledge you understand and agree to these terms:

- _____ **Parental Presence (Ages 14 and Under):** I understand that for children aged 14 and under, a parent or legal guardian **must remain in the treatment room** for the entire duration of the massage session.

- _____ **Parental Presence (Ages 15–17):** I understand that for minors aged 15 through 17, the parent/guardian must remain on the premises (in the waiting area) for the duration of the session**. *I consent to my 15/17-year-old being in the treatment room without me present:* [ ] Yes [ ] No**

- _____ **Right to Terminate:** I understand that the minor client, the parent/guardian, or the massage therapist has the right to terminate the massage session at any time for any reason.

- _____ **Draping & Boundaries:** I understand that the minor will be professionally draped with a sheet or towel at all times. Only the specific body area being worked on will be uncovered.

3. Medical History & Disclosure

Please list any known medical conditions, recent injuries, chronic illnesses, allergies, or medications the minor is currently taking. *(If none, write "NONE")*:

4. Informed Consent & Liability Release

By signing below, I certify that I am the biological parent or legally appointed guardian of the minor child named above. I authorize the certified massage professional at this practice to provide therapeutic massage and bodywork to my child.
I acknowledge that massage therapy is intended for general wellness, stress reduction, and relief of muscular tension. I understand it is not a substitute for medical examination, diagnosis, or treatment. I have disclosed all known medical conditions of the minor and agree to update the therapist of any future changes.

Parent/Guardian Signature: _____ Date: //_____