Minor Release

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 massage therapy treatment(s) at Rock Creek Wellness. You understand that you are required to remain at the facility for the entirety of the minor’s treatment(s). You will also be required, if needed, to assist the minor in preparing for his or her treatment(s). We may also request that you remain in the massage room to supervise all interactions between the therapist and the minor.

You also agree that you have completed the Massage Therapy Client Information form and have informed the massage therapist of all medical diagnoses, symptoms, medications, and complaints associated with the minor receiving treatment(s).

Please print clearly:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I am the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is \_\_\_\_\_\_\_\_\_ years of age as of today. I have completed the Massage Therapy Client Information form for the above-mentioned minor and informed the massage 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 it is not a replacement for standard medical care. I give permission for my minor child to receive treatment(s) at Rock Creek Wellness and agree to all the above terms.

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Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date