



# Anna Jean's Massage LLC

509-599-9124 | Info@AnnaJeansMassage.com

MINOR CONSENT FORM

Client Name:
Client Date of Birth:
Parent/Guardian Name:
Additional Information for Therapist:

## TERMS & CONDITIONS

BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE FOLLOWING:

Anna Jean's Massage LLC is to administer massage therapy as deemed necessary to my son/daughter listed above. I also approve of any future treatment sessions. I understand, that as the parent or guardian, I have the 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.

Name of Studio: Anna Jean's Massage LLC  
Studio Address: 5511 N Post St, Spokane, WA 99205

Signature:	Print Name:	Date:	MT Initials
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\*2023 Anna Jean Doughty, LMT. All Rights Reserved. Massage session does not include time for consultation and dressing, there is an extra 15 minutes added to each massage session to allow time for consultation and dressing.

Last Modified: July 28, 2023 3:55 PM