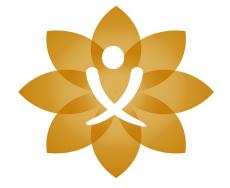
Minor Release Form

PLEASE PRINT CLEARLY:



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(s) at LifeTouch Massage and Therapy's facility. 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/her treatment(s). We may also request that you remain in the treatment room to supervise all interactions between the 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(s).

l	, certify that I am the parent or legal	
guardian of	, who is	years of age
as of today. I have completed the Intake Fo	rm for the above-mentione	d minor and
informed the therapist of all relevant medica	al history and concerns. I u	nderstand the
scope of massage therapy and that it is not	meant to diagnose, treat, o	or cure any
conditions and is not a replacement for stan	dard medical care. I give p	ermission for my
minor child to receive treatment(s) at this fac-	cility and agree to all the a	bove terms.
Print Name		
Signature		
3	Date	