

Minor Release Form

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 our facility.

PLEASE PRINT CLEARLY:

I certify that I am the parent or legal guardian of _____ (minor's name), who is _____ years of age as of today. 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 a chair massage at SacTownYouthNights on 11/4/2022 and agree to all the above terms.

Print Name _____

Signature _____
Date _____