

Here at Heavenly Touch Massage, we believe that everyone can benefit from receiving massages even children. What better way to teach your child the importance of caring for itself in a healthy and relaxing manner? They will receive the same quality service and respect with a few minor modifications to accommodate your child.

All persons under the age of 18 must have a parent or legal guardian fill out the Health Release Form below. We ask that you remain at Heavenly Touch Massage Center for the duration of the services. If you minor is under age 15 we encourage you to wait in our office or in the room with the minor that will be receiving our services.

You will be asked to help escort the minor to the massage room and if needed to assist them in preparing for the massage therapy. Please complete the following Child Service Waiver. Make sure you have signed and dated both the Client Intake Form and this Minor Release Form.

By signing this form, you certify that you are the parent or legal guardian of the child receiving the massage therapy services. You acknowledge that you are aware of the health risk inherent in any form of hands on services provided from any like kind of medical or massage services that your child will be receiving, and waive any and all claims to damages or injuries that you or your child may have against Heavenly Touch Massage or any of the registered therapist that may be used by

Heavenly Touch Massage. By signing below you agree that you have read, understand and agree

to this statement, "I am giving up certain legal rights and / or remedies."

PLEASE PRINT CLEARLY:

I _____, certify that I am a parent or legal guardian of _____, who is _____ years of age as of today.

I grant permission for my minor child to receive the selected service from Heavenly Touch Massage mentioned above. I have accurately filled out the Client Intake Form for the minor that is going to be receiving the massage therapy services today and if need be for any future dates with Heavenly Touch Massage. I am aware of the legal waiver that is in full effect with this signature for the person receiving the services as well as myself.

SIGNATURE OF PARENT or LEGAL GUARDIAN

Signature

Print Name

Date

If for any reason that you become non-eligible for the signing of this document for future dates you will submit in writing to Heavenly Touch Massage that information by a written letter either in person to Heavenly Touch Massage or by Certified Mail.