

Performance Bodywork  
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**Minor Consent Form for Massage Therapy**

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_

I hereby give consent for my minor child to receive massage therapy treatments from the therapists at Performance Bodywork. I understand that I am financially responsible for the minor and that I must schedule all appointments on their behalf. I grant permission that my child may receive treatment with or without my presence.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_