

Minor Informed Consent

MassageFIX® L.L.C.

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I _____ (print)
hereby give permission (and until further notice) to MassageFIX and its
licensed massage therapists to provide my minor child, under my
guardianship, with therapeutic massage services as deemed appropriate to
treat presenting conditions/injuries. I understand that I am financially
responsible for the minor, and that all statements contained in this consent
apply equally to myself and to the minor. I will stay on MassageFIX's
premises at all times if my child is between 0-16 years old. If my child is
between 16-18 years old, I will also stay on premises unless pre-approved
by the therapist AND the below statement is signed.

Parent/Guardian Signature: _____

Date: _____

Witness: _____

My child/charge, _____, who is
between 16-18 years of age, has my permission to appear for treatment
without me present and I further understand that I must make the
appointments. I will make myself available by phone for the therapist to
speak with me if they feel it is necessary during or directly after the
treatment. Otherwise, it will be my responsibility to collect any information
that pertains to my child's treatment by reaching out to the therapist via
phone or email.

Parent/Guardian Signature: _____

Phone (If necessary during treatment): _____

Date: _____

Witness: _____