

Copper Rain Massage

CONSENT FORM

MESSAGE ON A MINOR

(16 yrs old and younger)

I, _____, am the parent or guardian having legal custody of
Parent or Legal Guardian

_____. I hereby authorize Melody Jopek
Minor Client *Licensed Massage Therapist*

to administer massage treatment. I verify that the minor client is of sufficient age and aptitude as to provide verbal and written feedback to the practitioner before, during and after the massage.

I understand that I am required to remain in the room during the massage for any minor 14 and younger. For any minor older than 14 I am welcome and encouraged to remain in the area where the massage is being administered. I further understand that as the parent/guardian, I have the right to place any conditions on the environment and massage on behalf of the minor. I agree to list those below in the space provided.

Signature _____
Parent or Legal Guardian Authorized Adult Custodian

Phone (Home or Cell) _____ Date _____

Signature _____ Date _____
Massage Practitioner