



Consent to Treatment of a Minor (If applicable):

PLEASE PRINT CLEARLY:

I _____, certify that I am a parent or legal guardian of _____ who is _____ years of age as of today grant permission for my minor child to receive myofascial release therapy, massage, and bodywork techniques from **Natural Balance**. I have accurately filled out the Client Intake Form for the minor that is going to be receiving the therapy services for any future dates with **Natural Balance**. 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 _____

Date _____

Print Name _____

If for any reason that you become non-eligible for the signing of this document for future dates you will submit in writing to **Natural Balance** that information by a written letter in person to **Natural Balance**.