

Kevin's Traveling Touch

Minor Massage Consent Form

On today's date: _____, I, (print name) _____
(Parent / Guardian's Name)

Do give permission to **Kevin Tomford** of **Kevin's Traveling Touch** to perform professional massage therapy services to my minor child named here: _____.

By providing this consent, I acknowledge that I am the legal guardian and/or parent of the above named minor, and that I am legally entitled to provide this consent.

I understand that I (or another adult family member) will be solely responsible for coordinating appointments, paying for services, and other related business.. (See optional permissions for minors aged 16 yrs and older)

Minors aged 16 & 17 (OPTIONAL)

I confirm that the minor named above is at least the age of 16 years or older and has my conditional consent to coordinate, attend without parental accompaniment, and pay for professional massage services provided by **Kevin Tomford / Kevin's Traveling Touch**.

I acknowledge that should the minor fail to provide payment for services or miss scheduled appointments without adequate notification, that the legal guardian / parent above will be held responsible.

Consent Given: (Circle one) YES NO

Confirmation: Sign Here: _____

Minor's Name (Printed): _____ Minor's Birth date : _____

Minor's Signature: _____ Minor's Age: _____

Parent / Legal Guardian Name: _____

Parent / Legal Guardian Signature: _____