Infinity Dreamscapes

Massage Therapy Services

Minor Liability Release Form

I, _____, certify that I am the Parent or Legal Guardian of, _____, who is _____ years of age, date of birth: ____/_____/_____. I Authorize for my Minor Child to proceed with Massage Therapy Treatment with Company, __Infinity Dreamscapes__, on this day_____, Month of _____, Year of_____. I understand the Infinity Dreamscapes License Massage Therapist is not a Primary Care Practitioner or a License Physician. I am fully aware the Licensed Massage Therapist is not Certified to Diagnose any injury or prescribe Over- Counter or Pharmaceutical Medication. I understand the High Importance of informing my License Massage Therapist of all Medical Conditions and Medications. As Parent/ Legal Guardian, I, _____, I am fully aware that one Adult must remain with Minors active treatment and Infinity Dreamscapes Licensed Professional Massage Therapist.

Initials

_____I acknowledge to Provide Medical Clearance from my Primary Care Physician and Physician Specialist to proceed on receiving Massage Therapy Treatments.

_____If Referred by an individual or organization, I acknowledge to present and provide Infinity Dreamscapes Referral Form.

_____I, hereby acknowledge to provide and update my Professional Massage Therapist of any Physical Medical Changes from Date of Service of Infinity Dreamscapes New Client Registration Form. I understand Infinity Dreamscapes New Client Registration Form/ Return Client Form is accurately filled out based on Current Physical Medical Conditions.You agree that you have informed Infinity Dreamscapes Licensed Massage Therapist all all relevant Medical History, Symptoms, Medications, and/or concerns associated.

_____I understand there's additional risks based on my Current Health Condition. I understand Risks Associated with Massage Therapy includes, however, not limited to:

Superficial Bruising
Short-Term Muscle Soreness
Exacerbation of undiscovered injury

_____I, hereby acknowledge that a Chance to ask questions about the Massage Therapy Sessions has been provided and my Questions have been answered.

_____I, hereby acknowledge my Responsibility to inform my Professional Massage Therapist of any discomfort during the Massage Therapy Treatment so He/She may adjust accordingly. I understand that As a Infinity Dreamscapes Client or the Professional Massage Therapist may Terminate the Session at any time.

Do Not Copy: Trademark Minor Liability Release Form Belongs to Infinity Dreamscapes

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By Signing, You are Authorizing and Certifying as Parent/ Legal Guardian of the Minor To Receive Massage Therapy Treatment by Infinity Dreamscapes.You understand that Parents or Legal Guardians of Minor shall remain at the facility throughout your Minors Treatment and/or maybe be required to assist preparing for His/Her Treatment(s). As Parent or Legal Guardian understand Infinity Dreamscapes Requirements to remain in the Treatment Room to Supervise all interactions between Infinity Dreamscapes Licensed Massage Therapist and Minor.

_____ _____/_____/_____

(Print Minor: First, Middle Initial, Last Name) (Date of Birth)

_____

(Parent Legal Guardian : Print First, Middle, Last Name)

_____ **Date: ____/____/_____**

(Parent / Legal Guardian Signature)

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