

Utopic Therapeutic Massage & Skin Care, LLC

Parent's Release Form

Dear Parent or Guardian,

This document will give your child permission to receive therapeutic massage therapy at Utopic Therapeutic Massage & Skin Care, LLC. Please be aware that the following guidelines must be followed:

- If your child is 16 or 17 years of age, you must sign the form below and you are not required to be present during the massage.
- If your child is 15 years old or younger, you must sign the form below and we require that you are present during the massage. You will be seated in the massage treatment room during the entire massage appointment.

_____, my son/daughter, has my permission to receive therapeutic massage therapy in Utopic Therapeutic Massage & Skin Care. My son/daughter is age _____. I understand the protocol that will be followed according to the age of my child.

Parent or Guardian's Name: _____

Phone number, in case of emergency: _____

Parent or Guardian's Signature: _____ Date: _____