

AZ Bodyworks  
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Minor Consent Form

Massage Therapy

I \_\_\_\_\_, am the parent/ guardian of  
\_\_\_\_\_.

I hereby give consent for my minor child to receive massage therapy treatments from AZ Bodyworks. I understand that I am financially responsible for the minor and that I must schedule all appointments on their behalf. I grant permission that my child may receive treatment with or without my presence.

Signature \_\_\_\_\_

Date \_\_\_\_\_