

**Minor Liability Release Form**

**Tranquil Moments Massage Therapy  
Minor Liability Release & Consent Form**

I, the undersigned parent or legal guardian, give my full consent for my minor child to receive massage therapy services provided by **Tranquil Moments Massage Therapy**.

**I understand and acknowledge the following:**

- Massage therapy is intended for relaxation and relief of muscle tension, but may involve certain risks, including but not limited to:
  - ✓ Muscle soreness
  - ✓ Allergic reactions to oils or lotions
  - ✓ Physical discomfort during or after treatment
- My child's participation is completely voluntary.
- It is my responsibility to inform the therapist of any health conditions, allergies, or injuries my child may have prior to treatment.

**Emergency Contact Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please note:** Parents or guardians may be required to remain at the facility for the entire duration of the minor's treatment to assist or supervise their care.

By signing below, I acknowledge that I have read, understood, and voluntarily agree to the above information and these terms.

**Minor's Full Name:** \_\_\_\_\_

**Minor's Age:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_