

Here at BYI Massage, we believe everyone can benefit from receiving massages even children. What better way to teach your child the importance of caring for itself in a healthy and relaxing manner? They will receive the same quality service and respect with a few minor modifications to accommodate your child.

All personas under the age of 18 must have a parent or legal guardian fill out the Health Release Form below. We ask that you remain at BYI Massage Center for the duration of the services. If your minor is under age 15 we encourage you to wait in our office or in the room with the minor that will be receiving our services. If the minor is under the age of 15 we request that you remain in the massage room where the massage therapy will take place.

You will be asked to help escort the minor to the massage room and if needed to assist them in preparing for the massage therapy. Please complete the following Child Service Waiver. Make sure you have signed and dated both the Intake form and this waiver form.

By signing this form, you certify that you are the parent or legal guardian of the child receiving the massage therapy services. You acknowledge that you are aware of the health risks inherent in any form of hands on services provided from any like kind of medial or massage services that your child will be receiving, and waive any and all claims to damages or injuries that you or your child may have against BYI Massage Center or any of the registered therapists that may be used by BYI Massage Center. By signing below you agree that you have read and understand and agree to this statement, "I am giving up certain legal rights and or remedies."

PLEASE PRINT CLEARLY:

I _____, certify that I am a parent or legal guardian of _____, who is _____ years of age. I grant permission for my minor child to receive the selected service from BYI Massage Center mentioned above. I have accurately filled out the Intake Form for the minor that is going to be receiving the massage therapy services today and if need be for any future dates with BYI Massage Center. I am aware of this legal waiver that is in full effect with this signature for the person receiving the services as well as myself.

SIGNATURE OF PARENT or LEGAL GUARDIAN

_____ DATE: _____

If for any reason that you become non-eligible for the signing of this document for future dates you will submit in writing to BYI Massage Center that information by a written letter either in person to BYI Massage Center or by Certified Mail.