

Child Massage Session Waiver Form



Here at Kneaded Relief; LLC, we believe that everyone can benefit from receiving massage, especially children and infants. What better way to teach your child the importance of caring for themselves in a healthy and relaxing manner? They will receive the same quality of service you have come to expect from Kneaded Relief, with a few minor modifications to accommodate your child.

All persons under the age of 18 must have a parent or legal guardian fill out the Client Intake form as well as the Child Massage Session Waiver. **For children 14 years of age and younger, a parent or legal guardian must be present in the room the entire time of service, we ask that you quietly observe from a chair or stool in the room. You are more than welcome to ask questions regarding my findings and what you can do to help relieve your child's stress and tension while at home in between massage sessions. For children 14 years of age and older you may wait in the waiting room or in our outside lobby.**

Please complete the following Child Massage Session Waiver. Make sure you have signed and dated both the Client Intake form as well as the Child Massage Session Waiver. Without a signature from a parent or legal guardian, we will be unable to provide your child with their service. By signing this form you certify that you are the parent or legal guardian of the child receiving the massage. You acknowledge that you are aware of the health risks inherent in any massage that your child may receive, and waive any and all claims to damages or injuries that you or your child may have against Kneaded Relief, Theresa Jaekel, its affiliates, and other agents for any and all injuries suffered by you or your child while visiting Kneaded Relief. I have read this form and understand that by signing this form, I am giving up certain legal rights and/or remedies.

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 massage from Kneaded Relief under the conditions mentioned above. I have accurately filled out the Client Intake form for the minor receiving the massage, and I am aware of the legal waiver that is in full effect with this signature for the person receiving the massage as well as myself.

Signature of Parent or Legal Guardian

Date: _____

Parent Printed Name