



Minor Client Permission Form

I give permission for to be seen as a client at Soma Massage

Therapy for the purposes of therapeutic massage.

Please check one:

- This permission is valid until the child turns 17 years of age
- This permission is valid until this date

Please check one:

- I give permission for any therapist at Soma Massage Therapy to see this child for massage
- I only give permission to a specific therapist/therapists to work with this child:

- I understand that a parent or legal guardian must stay at Soma Massage Therapy for the duration of this child's massage.

Parent Signature

Date

Child Signature

Date