

## MINOR CONSENT FORM

MINOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

BIRTH DATE \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

I authorize the Lounge at Sacred Sanctuary and certified massage therapists, life coaches, and/or Reiki practitioner to administer or perform sessions today and future sessions. I understand that I can stay in the treatment room during the sessions and can come in at any time during any session.

Signature of parent or guardian \_\_\_\_\_

Printed name of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_