Myofascial Wisdom PLLC

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Minor Liability Release Form
Myofascial Release Treatment

All persons under the age of 18 are required to have a parent or legal guardian fill out this form.

By signing below, you are certifying that you are the parent or legal guardian of the minor receiving Myofascial Release treatment(s).

You also understand that you may be required to remain at the facility for the entirety of the minor's treatment(s), and/or that you may be required to assist the minor in preparing for their treatment(s), and/or that it may also be requested that you remain in the treatment room to supervise all interactions between the therapist and minor.

You also agree that you have informed the therapist about the entirety of your child's medical history, symptoms, medications and/or concerns associated with this minor on the intake forms provided, and you will be required to perform an intake interview with your child.

Please print clearly:

I, _____, certify that I am the parent or legal guardian of _____, who is ____ years of age. I understand the scope of Myofascial Release therapy and that it is not meant to diagnose, treat or cure any medical symptoms or medical conditions and is not a replacement for allopathic medical care. I give permission for my minor child to receive treatment(s) at this facility and by this therapist and agree to all the terms above.

Signature _____ **Date** _____