

**MINOR RELEASE FORM**  
**CONNIE HODDE, LMT**  
**THERAPEUTIC MASSAGE FOR WOMEN**

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

By signing below, you agree that you are the parent or legal guardian of the minor receiving massage therapy/bodywork at Connie Hodde, LLC. You understand that you are required to remain at my office for the entirety of the minor's session(s). You will also be required, if needed, to assist the minor in preparing for her session(s). I may request that you remain in the treatment room to supervise all interactions between myself and the minor.

You also agree that you have completed the Client Intake Form and have informed me, the therapist, of any and all medical diagnoses, symptoms, medications, and complaints associated with the minor receiving massage therapy/bodywork.

Please print clearly below.

I, \_\_\_\_\_, certify that I am the parent or legal guardian of \_\_\_\_\_, who is \_\_\_\_\_ years of age as of today. I have completed the Client Intake Form for the above mentioned minor and informed the therapist of any and all relevant medical history and concerns. I understand the scope of massage therapy, and I acknowledge that it is not meant to diagnose, treat, or cure any conditions. I understand that massage therapy is not a replacement for standard medical care. I give permission for my minor child to receive massage therapy/bodywork at this facility, and I agree to all of the above stated terms.

Print Name and Date: \_\_\_\_\_

Signature: \_\_\_\_\_