



**1028 9<sup>th</sup> Street,  
Green Bay, WI 54304  
(920) 490-9699**

## **Permission for Treatment of Minor at 9<sup>th</sup> Street Wellness Center**

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_,  
to receive treatment from a :

- massage therapist
- \_\_\_\_\_
- \_\_\_\_\_

at the 9<sup>th</sup> Street Wellness Center, 1028 Ninth Street, Green Bay, WI.

I understand that the purpose of this or any subsequent massage is for stress reduction, relief from muscle soreness/spasms, relaxation or for increasing circulation.

I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorders. The massage therapist does not prescribe medical treatment for existing or pre-existing conditions.

This massage session is not a substitute for any medical examination or diagnosis. It is recommended that I see a medical physician for any physical ailments that I may have. I understand that the massage therapist needs to be aware of any pre-existing conditions; therefore, I have state all of my known medical conditions and take it upon myself to keep the therapist updated on my physical health.

I also understand that any illicit or sexually suggestive behavior, remarks, or advances made toward the therapist will result in the immediate termination of the session. I understand that noticeable intoxication and or/drug use will result in the termination of the session. In either case, I understand that I will be liable for payment of the schedules appointment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship