MINOR TREATMENT CONSENT FORM

All clients under the age of 18 years old must have this Consent Form completed by a parent or guardian before any treatment can take place.

We are committed to providing services and conducting our premises in a safe manner to all clients. As the parent or guardian of a minor child, you understand, agree, and/or consent to the following:

- You will remain on the premises for the duration of the minor's MFR session. You may remain in the treatment room for the duration of the treatment if you desire.
- Your minor child does not have any injuries or pre-existing conditions that would prevent the child from receiving MFR. You understand the importance of thoroughly informing us of all conditions the minor is currently experiencing or has experienced in the past, any medications the minor is taking, and any additional risks based on the minor's physical, mental, and emotional condition.
- The minor must immediately inform the MFR therapist of any discomfort.
- You agree you and the minor have been given the opportunity to ask any questions regarding MFR sessions.
- You understand and agree that information regarding MFR, its benefits and any risks, as well as contraindications, have been explained to you and your minor. You understand and agree that MFR therapists do not diagnose illness or disease, and MFR is not a substitute for a medical examination or medical treatment, and that you must see a qualified health specialist for any mental, physical or emotional ailment affecting the minor of which you are aware.
- You agree your consent is informed and voluntary.
- You understand and agree you are financially responsible for all of the minor's treatment through our practice.
- You also agree that we may discontinue treatment if your minor engages in unsafe behavior or is unreasonably uncooperative, disruptive, negligent, or reckless.

By signing below, you acknowledge that you are the parent or legal guardian of the minor who is to receive MFR. You acknowledge that you have read and understood all information on this form and authorize us to provide MFR to your minor. You understand you are expressly assuming the risk and waiving and releasing all claims for injuries, damages, or losses which your minor child may sustain or incur as a result of the use of our services and premises. You agree to both hold us harmless and indemnify us from any claim, injury, loss or damage relating to services, on behalf of the minor, and all of the minor's parents and/or legal guardians.

_____ _____
Name of Minor (Please print) Age of Minor

_____ _____
Name of Parent or Guardian (Please print) Relation to Minor

_____
Minor's Parent or Guardian Signature