

9291 Laurel Grove Road, Mechanicsville, VA, 23116

www.proactiverva.com

(804) 559-7990

Minor Release Form

I		_ of	do consent to
(Parent/Guardian)	(Relationship)	(Minors Name)	
allow he/she to receive		services by Proactive Ma	assage & Bodywork
	(Service Name)		
and its providers including, _		This consent will rem	ain valid for all
	(Service Providers Nar	ne)	
services provided by Proactive Massage & Bodywork until I, or other legal guardian, revokes such			
consent in writing.			

(Parent/ Guardian Signature)

(Date)