



Muscle Mechanics Therapy
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Treatment Release for Minor Child

I, _____, as the parent/legal guardian of _____, give my permission for Muscle Mechanics Therapy to treat my minor child. I understand that the Licensed Massage Therapist treating my child will not diagnose any condition but may use several modalities including but not limited to Pin and Move Myofascial Release. Swedish massage, flushing, stretching, traction, and icing. I understand that this release will be valid for any future treatments.

Signed: _____

Printed name: _____

Date: _____