

Parent Consent/Minor Release Waiver

All persons under the age of 18 are required to have a parent or guardian fill out a disclaimer form. By signing below, you are stating that you are the parent or legal guardian of the minor receiving treatment(s) at our facility. You are welcome to stay in the clinic room with your minor the entire time, or you can also check the box below if you give your minor permission to receive treatment from the practitioners. The services that we offer are not substitutes for medical advice or physician-prescribed treatment.

I agree to fully release and hold harmless the _____ volunteer practitioners from and against any and all claims or liability of any kind or nature arising out of or in connection with my child's session(s).

PLEASE PRINT/TYPE CLEARLY:-

I _____ certify that I am the parent/legal guardian of _____ who is _____ years of age as of today. I understand the scope of a Reiki practitioner and the treatments are not meant to diagnose, treat, or cure any conditions and is not a replacement for standard medical care. I give permission for my minor child to receive treatment(s) at this facility and agree to all the above terms.

- I give permission for my child's health information to be shared between each of my Reiki practitioners.

Signature

(e-sign)

Date