



Becki Lanham, LMT, CAP

Hands with Heart • 400 Virginia Avenue, Front Royal, VA 22630 • 540.539.7227

Child Service Release Form for
Arvigo Techniques of Maya Abdominal Therapy® and Holistic Massage Therapy

Child's Full Name _____ **Client #** _____

Everyone benefits from receiving Arvigo Therapy® and Holistic Massage Therapy, minors included. What better way to teach your child the importance of self care in a healthy and relaxing manner? Children receive the same quality service and respect with a few small modifications, made to accommodate your child.

All persons under the age of 18 must have a parent or legal guardian fill out the intake form.

If the child is 15 or under, the parent or legal guardian must remain in the treatment room for the full session.

If your child is 16 or over and both client and parent/guardian are comfortable with the child being in the treatment room by his/herself, please **initial here**. _____

Otherwise parent/guardian should be in the treatment room during each session.

We also ask that you remain in the Hands with Heart sitting area for the duration of the services.

You may be asked to help escort the minor to the treatment room and if needed, assist them in preparing for his/her therapy.

Please complete the following Child Service Waiver. Make sure you have signed and dated both the Intake Form and this waiver form.

By signing this form, you certify that you are the parent or legal guardian of the child receiving the therapy services. You acknowledge that you are aware of the health risks inherent in any form of hands on services provided from any like kind of services that your child will be receiving, and waive any and all claims to damages or injuries that you or your child may have against Hands with Heart and Becki Lanham. By signing below, you agree that you have read, understand and agree to this statement,

"I am giving up certain legal rights and or remedies."

Child Service Waiver

I, **(print name)** _____, certify that I am a parent or legal guardian of _____, who is _____ years of age.

I grant permission for my minor child to receive the selected service. I have discussed the selected therapy with the provider, Becki Lanham, and full understand what service my child will be receiving. I have accurately filled out the Intake Form for the minor that is going to be receiving the therapy services. I am aware of this legal waiver that is in full effect with this signature for the person receiving the services as well as myself.

Parent/Guardian Signature _____ **Date** _____

Practitioner _____ **Date** _____