



3R MESSAGE PARENTAL RELEASE FORM

I, _____, as the parent/guardian of _____ grant permission for her/him to receive a massage from this practitioner of 3R. I have discussed with her/him that s(he) may interrupt the session at any time if uncomfortable. I also understand that I may or may not be present in the room during the session based on her/his comfort.

Signature: _____ Date: ____/____/____

Print Name: _____