



Consent for Treatment for a Minor  
or Client Who Is Unable to Grant Consent

*A Parent, Guardian or Legal Representative must complete this form prior to the client receiving any treatment.*

Name of Client: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian/Legal Representative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Consent for Treatment for the Client (Whether a Minor or An Individual Who is Unable to Grant Legal Consent):

*Oasis Massage is aware of its obligations to provide services to all individuals regardless of their protected classes in accordance with the Massachusetts Public Accommodations Law (M.G.L. c. 272 §92A). Oasis Massage will do so provided the client is able to safely receive services and asks the parent, guardian or legal representative to assure the client will remain safe and will not pose a threat to themselves or others.*

*I hereby represent that I am the parent, guardian or stand in loco parentis to a minor OR I am legally and duly authorized to serve as a legal representative to a client who is unable to grant legal consent and is seeking services from Oasis Massage (hereinafter, "client").*

In this capacity, I understand and agree that:

- I will be part of the briefing of the massage session between the massage therapist and the client. I will assure that the client understands what to expect during the session and that any questions are answered before the session begins. If there are certain areas of the body that are not to be treated during the massage session, this will be addressed in the briefing session;
- I will remain at Oasis Massage for the duration of the service to assure the client remains safe. I will assist in escorting the client to the massage room and, if needed, will assist them in preparing for the massage therapy. I have been informed that I may elect to stay with the client in the room while they receive massage services;
- If the client experiences any pain or discomfort during this session, they will immediately inform the practitioner so that the pressure or strokes may be adjusted to their level of comfort. The client may also choose to end the session altogether;
- If the client is non-verbal, they will be provided a buzzer or bell in order to signify that they wish the pressure or strokes to be adjusted. The client may also choose to end the session altogether by buzzing twice or ringing the bell twice;
- Oasis Massage maintains an anti-harassment policy for the health and safety of the

employees and its clients. If the client becomes disruptive during the session or violates Oasis Massage's policy by making inappropriate illicit or sexually suggestive remarks to the massage therapist, any other staff member, or other client, even if due to the nature of the client's disability, Oasis Massage retains the right to deny service to the client and client will remain responsible for full payment of the session;

- Massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware;
- Massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such;
- I have fully provided all of the client's known medical conditions and answered all questions honestly, as I understand massage/bodywork should not be performed to those with certain medical conditions; and
- I will keep the practitioner updated as to any changes in the client's medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

I hereby certify that I am the parent, guardian or stand in loco parentis to a minor OR I am legally and duly authorized to serve as a legal representative to a client who is unable to grant legal consent and is seeking services from Oasis Massage. In doing so, I acknowledge that I am aware of the health risk inherent in any form of hands'-on service provided from any like kind of medical or massage services that the client will be receiving. In granting this consent, I hereby waive any and all claims to damages or injuries that I or the client may have against Oasis Massage or any of the registered therapists that may be used by Oasis Massage.

In signing the below, I agree that I have read, understand and agree to indemnify and hold harmless Oasis Massage, its owner, manager(s), employees, therapists, consultants, and any other person associated with Oasis Massage. I am in agreement with this release, have been fully informed by having any questions answered, and freely and voluntarily give my consent for the client to receive care.

Client's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Legal Representative's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Legal Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_