



All persons under the age of 18 must have a parent or legal guardian fill out the Health Release Form below. If your minor is under age 16 we require that you sit in the room with the minor that will be receiving our services. Parents & Guardians must be available for contact at all times during the duration of the services.

Please complete the following Child Service Waiver. Make sure you have signed and dated both the Client Intake Form and this Minor Release Form.

By signing this form, you certify that you are the parent or legal guardian of the child receiving the services performed by Revyve. You acknowledge that you are aware of the health risk inherent in any form of hands on services provided from any like kind of medical or massage 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 Revyve, including but not limited to staff members. 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."

**PLEASE PRINT CLEARLY:**

I \_\_\_\_\_, certify that I am a parent or legal guardian of \_\_\_\_\_, who is \_\_\_\_\_ years of age as of today. I grant permission for my minor child to receive the selected service Revyve/ Forney Wellness Chiropractic & Massage mentioned above. I have accurately filled out the Client Intake Form for the minor that is going to be receiving the services today and if need be for any future dates with Revyve. I am aware of the legal waiver that is in full effect with this signature for the person receiving the services as well as myself.

**SIGNATURE OF PARENT or LEGAL GUARDIAN**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature  
Print Name  
Date  
Doctor Signature