



Lexington Healing Arts Academy

I give my permission for my son/daughter _____ to receive a
massage from the therapists/student interns at Lexington Healing Arts.

Signed _____ Date _____

Print Name _____



Lexington Healing Arts Academy

I give my permission for my son/daughter _____ to receive a
massage from the therapists/student interns at Lexington Healing Arts.

Signed _____ Date _____

Print Name _____