

---

**LINDSEY GODSMARK, L.M.T.**  
LICENSED MASSAGE THERAPIST  
MESSAGE THERAPY PARENTAL CONSENT FORM

---

I, \_\_\_\_\_, give my child,  
\_\_\_\_\_, age \_\_\_\_\_, consent to get massage therapy  
by female Licensed Massage Therapist, Lindsey K. Godsmark.

---

Signature

---

Relationship to Child

---

Date