

I, _____, understand that I will be participating in infant massage therapy as a form of adjunct healthcare only and that it is not a substitute for other healthcare provided by a medical doctor or other licensed professional. I understand my participation in and completion of this lesson, in no way qualifies me to teach infant massage. I have noted all complications, risks, or conditions my child has experienced AND, if warranted, I have provided a release from my child's healthcare provider. I hereby release and hold harmless, and defend the Accredited Infant Massage Instructor from any claims, liability, demands, and causes of action from the participation of my child or myself in this lesson and massage therapy.

Signature: _____ Date: _____

Clearly Print Name: _____

Witnessed by, Instructor's Signature: _____ Date: _____

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