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**P**: 508-589-5333 **F**: 508-244-5200 **P**: 508-618-1307 **F**: 508-618-1334

\*Your signature below indicates that you have read, understand and agree to the information provided in Vendetti Wellness Group’s Therapy Participation Agreement and its terms during the professional relationship. If you are the parent or guardian of a minor, you also are indicating by your signature below that you have read, understand and agree to the terms outlined in the Vendetti Wellness Group “minor” consent forms, specifically for those under the age of eighteen.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

\*Please use below if there are 2 parents or guardians providing verification for the minor\*

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_