Client Waiver and Consent Form

Please read the following information carefully and initial where indicated.

- I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow. I acknowledge that massage therapy is not a substitute for traditional medical treatment or medications.
- I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose illnesses or injuries, prescribe medications, or treat physical or mental illness.
- I affirm that I have notified my therapist of all known medical conditions and injuries, and I agree to inform the therapist of any changes in my health or medical condition. I understand that there may be additional risks based on my physical condition, and that there shall be no liability on the therapist's part should I forget to provide this information.
- I give my permission to receive massage therapy and confirm that I have clearance from my physician to do so.
- I understand that risks associated with massage therapy include, but are not limited to, superficial bruising, short-term muscle soreness, or exacerbation of undiscovered injury. If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.
- I understand that I or my therapist may terminate the session at any time if either party feels uncomfortable for any reason.
- I understand that massage is entirely therapeutic and non-sexual in nature. My therapist will end the session immediately if I initiate any verbal or physical contact that is sexual in nature. Draping of the breasts, genitals, and gluteal cleavage will be used at all times.
- I have been given a chance to ask questions about the massage therapy session and my questions have been answered. I understand the importance of informing my massage therapist of any discomfort I may feel during the massage session so adjustments can be made accordingly.
- By signing this release, I hereby waive and release my therapist and the company from any and all liability, past, present, and future, relating to massage therapy and bodywork, including injuries that may occur during the massage session.

Client Signature:	
Date:	

By signing above, I acknowledge that I have read, understood, and agree to all the statements and policies included in this form.