

# Consent Form

*Please, initial the statements below:*

\_\_\_\_\_ I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension.

\_\_\_\_\_ If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort.

\_\_\_\_\_ I further understand that massage should not be constructed as a substitute for medical examination, diagnosis, or treatment.

\_\_\_\_\_ I understand that massage therapists are not qualified to perform spinal or skeletal adjustments.

\_\_\_\_\_ Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly.

\_\_\_\_\_ I agree to keep massage therapist updated as to any changes in my medical profile during the session and understand that there shall be no liability on the massage therapists part should I fail to do so.

\_\_\_\_\_ I understand that any illicit or sexual suggestive remarks or advances made by me will result in immediate termination of the session.

\_\_\_\_\_ I also understand that Massage Therapist reserves the right to refuse to perform massage on anyone whom he/she deems to have a condition for which massage is contradicted.

Before each treatment:

- Tell your therapist about any changes in your health since your last visit;
- Please remove all jewelry. If you wear a wedding band or other item that you need to leave on, please let us know;
- Ask your therapist if it is the best to bind long hair up on your head.

And throughout your visit:

- Please ask questions about the procedures. Your therapist will be happy to keep you informed and comfortable;
- Always inform your therapist immediately upon any pain or discomfort.

Client name .....

Client signature ..... Date .....

Therapist name ..... Date .....