GENERAL LIABILITY RELEASE FORM
MASSAGE THERAPY SERVICES

By signing below you agree to the following:

1) I give my permission to receive massage therapy.

2) I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.

3) I understand that the massage therapist does not diagnose illnesses or injuries, or prescribe medications.

4) I have clearance from my physician to receive massage therapy.

5) I understand the risks associated with massage therapy include, but are not limited to:

• Superficial bruising
• Short-term muscle soreness
• Exacerbation of undiscovered injury

I therefore release the company and the individual massage therapist from all liability concerning these injuries that may occur during the massage session.

6) I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.

7) I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he/she may adjust accordingly.

8) I understand that I or the massage therapist may terminate the session at any time. 9) I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

10) I understand that this is a nonsexual massage. If there is any inappropriate behavior the session will end immediately and client will be responsible to pay the full price.

11) I understand that if I arrive late, that time can not be made up at end.I will be responsible for the full rate. I also acknowledge that I must give 24 hour notice if I can not make the appointment or I will be charged the full rate.

Print Name _____ Date _____ Signature _____