Massage Therapy Consent and Release Form

By signing below, you agree to the following:

- I voluntarily request and consent to receiving massage therapy.
- I understand that the massage service offered is for the purpose of general wellness, stress reduction, and relief of muscular tension only.
- I do not have any injuries or conditions that prevent me from receiving massage therapy. I understand the importance of informing my massage therapist of all medical conditions and medications that I am taking, and that there may be additional risks based on my physical condition.
- If I experience any pain or discomfort, I will immediately inform my therapist so that the pressure or techniques used can be adjusted to my comfort level. I will not hold my massage therapist responsible for any pain or discomfort I experience during or after the session.
- 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 have not received a positive test for coronavirus within the past 14 days, and currently have no symptoms.
- I do not have any contagious conditions that may put my massage therapist or other clients at risk.
- I understand that I or the massage therapist may terminate the session at any time.
- I have been given the opportunity to ask questions about massage therapy and my questions have been answered.

I have been advised of the policies and procedures pertaining to massage and I understand these policies. Information regarding massage in general, benefits, contraindications of massage, and possible alternative therapies have been explained to me. I further understand that massage therapy is not a substitute for a medical examination or treatment, and that I should see a physician or other qualified health specialist for any mental or physical ailment of which I am aware. I understand that massage therapists do not diagnose illness or disease, and nothing said during the massage should be construed as such. My consent is informed and voluntary and I understand that I may withdraw my consent at any time except for actions already taken.

By signing this form I give my consent to proceed with the massage service as outlined above.

_____ _____/_____/_____

Client Name (Please Print) Date

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Client Signature

Massage Liability Release Form

By signing this form, you agree to the following:

- I understand that the massage service offered is for the therapeutic purpose of general wellness, stress reduction, and relief of muscular tension.
- Information about massage therapy, potential benefits, effects, risks, contraindications, and possible alternative therapies have been explained to me and I understand this information. 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 have been given the opportunity to ask questions about massage therapy and my questions have been answered to my satisfaction.
- If I experience any pain or discomfort, I will immediately inform my therapist so that the pressure or techniques can be adjusted to my comfort level. I will not hold my massage therapist responsible for any pain or discomfort I experience during or after the session.
- I have provided my therapist with an accurate and complete medical history and agree to inform my therapist of any new diagnoses, or changes in my health or medications.
- I do not have any injuries or conditions that prevent me from receiving massage therapy. I understand the importance of informing my massage therapist of all medical conditions and medications that I am taking, and that there may be additional risks based on my physical condition.
- I understand that I or the massage therapist may terminate the session at any time.
- I release the massage therapist and business from all liability for any harm that may unintentionally result from this treatment.

I further understand that massage therapy is not a substitute for a medical examination or treatment, and that I should see a physician or other qualified health specialist for any mental or physical ailment of which I am aware. I understand that massage therapists do not diagnose illness or disease, and nothing said during the treatment should be construed as such. My consent is informed and voluntary and I understand that I may withdraw my consent at any time except for actions already taken.

By signing this form I agree to the conditions as outlined above, and I release the massage therapist and business from all liability for any harm that may unintentionally result from this treatment.

_____ _____/_____/_____

Client Name (Please Print) Date

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Client Signature