

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. I understand that the massage should not be construed as a substitute for medical examination, diagnosis, or treatment. I further understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such.

Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical profile during the session and understand that there shall be no liability on the massage therapist's party should I fail to do so.

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 have read the above information and have had all my questions answered by the massage therapist or staff member. I understand the above policies and agree to abide by them.

Client Name (Please Print) \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Date \_\_\_\_\_

### Consent To Treat A Minor

By my signature, I give my consent for my child or dependent to receive massage therapy treatment from a licensed massage practitioner, I also agree to be present during the entire session.

Name of Minor \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_