

General Liability Release Form

Massage Therapy Services

By signing below you agree to the following:

1. I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.
2. 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.
3. I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness and that nothing said in the course of any of my sessions should be construed as such. I understand I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware.
4. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have notified my therapist of all known medical conditions and injuries and answered all questions honestly.
5. I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.
6. I understand that massage is entirely therapeutic and non-sexual in nature. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.
7. By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.
8. In case of a minor, Parent or Guardian must sign.

Print Name _____ **Date** _____

Signature _____