



For Internal Use Only

Package Type:

Package #:

General Liability Release 2023

Please take a moment to read, understand, and initial the following information:

_____ I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow

_____ I understand that the services offered 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.

_____ 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.

_____ I have clearance from my physician to receive massage therapy.

_____ I understand the risks associated with massage therapy including, 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.

_____ I understand the importance of informing my massage therapist of all medical conditions, existing injuries and medications I am taking, and agree to let the massage therapist know about any changes to these. I understand that there shall be no liability on the therapist's part should I forget to do so. I understand that there may be additional risks based on my physical condition

_____ I understand that massage is entirely therapeutic and non-sexual in nature.

_____ I understand that I or the massage therapist may terminate the session at any time.

_____ I have been given the Client Intake Packet containing all terms, notices, releases, and policies pertaining to the services I will be receiving. I have been given a chance to ask questions and my questions have been answered.

_____ By signing this release, I hereby agree to the above conditions of liability waive and release my therapist from any and all liability, past, present, and future relating to massage therapy.

Signature _____ Date _____