



PLEASE READ CAREFULLY AND THOROUGHLY.

IF YOU HAVE A SPECIFIC MEDICAL CONDITION OR SPECIFIC SYMPTOMS, MASSAGE/BODYWORK MAY BE CONTRAINDICATED. A REFERRAL FORM FROM YOUR PRIMARY PHYSICIAN MAY BE REQUIRED PRIOR TO SERVICE BEING PROVIDED.

I UNDERSTAND THAT THE MASSAGE/BODYWORK I RECEIVE IS PROVIDED FOR THE BASIC PURPOSE OF RELAXATION AND RELIEF OF MUSCULAR TENSION. IF I EXPERIENCE ANY PAIN OR DISCOMFORT DURING A SESSION, I WILL IMMEDIATELY INFORM THE PRACTITIONER SO THAT WHICH IS CAUSING THE DISCOMFORT MAY BE ADJUSTED TO MY LEVEL OF COMFORT. I ALSO UNDERSTAND THAT MASSAGE OR BODYWORK SHOULD NOT BE CONSTRUED AS A SUBSTITUTE FOR MEDICAL EXAMINATION, DIAGNOSIS, OR TREATMENT AND THAT I SHOULD SEE A PHYSICIAN, CHIROPRACTOR, OR OTHER QUALIFIED MEDICAL SPECIALIST FOR ANY MENTAL OR PHYSICAL AILMENT THAT I AM AWARE OF. I UNDERSTAND THAT MASSAGE/BODYWORK PRACTITIONERS 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 GIVEN SHOULD BE CONSTRUED AS SUCH. BECAUSE MASSAGE/BODYWORK SHOULD NOT BE PERFORMED UNDER CERTAIN MEDICAL CONDITIONS, I AFFIRM THAT I HAVE STATED ALL MY KNOWN MEDICAL CONDITIONS, AND ANSWERED ALL QUESTIONS HONESTLY. I AGREE TO KEEP THE PRACTITIONER UPDATED ON ANY CHANGES IN MY HEALTH AND PHYSICAL STATUS AND UNDERSTAND THAT THERE SHALL BE NO LIABILITY ON THE PRACTITIONER'S PART IF I FAIL TO DO SO.

IF YOU BECOME UNCOMFORTABLE FOR ANY REASON, THE CLIENT MAY ASK THE THERAPIST TO CEASE THE MASSAGE AND THE SESSION WILL END IMMEDIATELY. I ALSO UNDERSTAND THAT ANY ILLICIT OR SEXUALLY SUGGESTIVE REMARKS OR ADVANCES MADE BY ME WILL RESULT IN IMMEDIATE TERMINATION OF THE MASSAGE SESSION, AND I WILL BE LIABLE FOR PAYMENT OF THE SCHEDULED APPOINTMENT.

CLIENT SIGNATURE: _____ DATE: _____

THERAPIST SIGNATURE: _____ DATE: _____