

Consent and Waiver/Release for Treatment

- Please sign and date

I, the undersigned client, understand that a Massage Therapist does not diagnose disease, illness, or prescribe any treatment or drugs, nor do they provide spinal manipulation. I understand that draping will be used at all times. I understand that if I become uncomfortable for any reason that I may ask the Therapist to end the massage session and they will end the session. I understand that the Massage Therapist may end the session for any inappropriate behavior. I have stated all conditions that I am aware of and this information is true and accurate. I will inform the Therapist of any changes in my status. I hereby give consent for massage therapy and related bodywork treatments to be performed on me by the Therapist.

I hereby assume full responsibility for receipt of the massage therapy and release and discharge the Therapist from any and all claims, liabilities, damages, actions, or causes of action arising from the therapy received hereunder, including, without limitation, any damages arising from act of active or passive negligence on the part of the Therapist to the fullest extent allowed by law.

In signing this Consent for Therapy and Waiver of Liability ("Consent"), I understand and agree that this Consent will apply to and govern the current and all future therapy sessions performed by the Therapist.

Client's Signature _____ Date: _____

Therapist's Signature _____ Date: _____