

General Liability Release Form Massage

Alissa Kate CMT

By signing below, you agree to the following:

- 1) I give my permission to receive massage therapy.
- 2) I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
- 3) I understand that the massage therapist does not diagnose illness or injuries, or prescribe medications.
- 4) I have clearance from my physician/OB/midwife to receive massage therapy and/or breech bodywork
- 5) I understand the risks associated with massage therapy include, but are not limited to:

Superficial bruising

Short-term muscle soreness

Exacerbation of undiscovered injury

6) I understand the importance of informing my massage therapist of all medical conditions I have and medications I am taking, and have done so. I also agree to inform the massage therapist about any changes to these. I understand that there may be additional risks based on my physical condition.

7) I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he/she may adjust accordingly.

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

9) I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

10) I understand that ANY sexual misconduct will immediately lead to termination of client/therapist relationship and the police will be informed.

I therefore release the company and the individual massage therapist from all liability concerning any injuries that may occur during the massage session.

Signature _____ Date _____

SIGN WITH INITIALS