GENERAL LIABILITY RELEASE FORM

MASSAGE THERAPY SERVICES

By initialing and signing below, I acknowledge and agree to the following:

___ I understand that massage therapy may result in temporary effects such as muscle soreness, bruising, fatigue, or lightheadedness.

___ I affirm that I have disclosed all known medical conditions, medications, injuries, and physical limitations to the best of my knowledge. I understand that failure to do so may increase the risk of adverse effects during or after the massage.

___ I acknowledge that if I have any medical conditions that could be affected by massage therapy, it is my responsibility to obtain clearance from my physician prior to receiving treatment.

___ I understand that massage therapy is intended for relaxation and therapeutic purposes only and is not a substitute for medical examination, diagnosis, or treatment. The therapist does not diagnose illness, disease, or any physical or mental condition.

___ I understand that both the therapist and I have the right to end the session at any time for any reason.

___ I understand that if my behavior as a client is deemed inappropriate, the therapist (Ava Rogers) has full authority to terminate the session immediately. I agree to pay for the session in full, regardless of whether the treatment was completed. Inappropriate behavior includes, but is not limited to, sexual innuendos, jokes, inappropriate language, conversation, or gestures.

___ I understand that it is my responsibility to communicate any discomfort I experience during the massage so the therapist may adjust the technique accordingly.

___ I understand that a minimum of 24 hours' notice is required to cancel or reschedule any future appointment. Missed appointments or late cancellations will result in a full charge of the agreed session payment.

Client printed Name_____

Client Signature _____

parent/ guardian printed name _____

parent/ guardian signature_____ Date _____