

## **Client Release Form**

Clients under the age of 18 must be accompanied by a parent or legal guardian during the entire session.

Informed written consent must be provided by parent or legal guardian for any client under the age of 18.

I \_\_\_\_\_ understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19.

I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments.

I further understand that massage 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 therapists 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 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 will inform my practitioner of any changes in my health status and understand that there shall be no liability on the therapist's part should I fail to do so.

Draping will be used during the session - only the area being worked on will be uncovered.

If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort.

I understand that my personal health information will be collected.

I understand that all information that I provide will be kept confidential unless required by law.

I understand and consent that my medical information may be shared by the various care providers involved in my care and treatment.

By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage and bodywork from this practitioner.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist's Signature: \_\_\_\_\_