

Release Form

I understand that the massage I receive is provided for the basic purpose of relaxation, stress reduction and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or technique may be adjusted to my comfort level.

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 medical or physical ailment I am aware of.

Because Bodywork is contraindicated under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all intake questions honestly. I agree to keep my practitioner updated as to any changes in my medical profile and I understand that there will be no liability on the practitioner's part should I forget to do so.

Should I need to cancel future sessions, I agree to give my practitioner at least 24 hours notice or I will be financially responsible for the session time.

Signed _____ Date _____

Guardian (if client is under 18) _____ Date _____